
Exhibit 1: Continuum of Care (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

2005 Application Summary

Place this page in the front of your application.

Continuum of Care (CoC) Name: City of Baltimore

CoC Contact Person and Organization: Laura Gillis, Baltimore Homeless Services, Inc.

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Continuum of Care Geography

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Baltimore City	240066		

Reproduce this page to include additional names and codes.

Form HUD-40076 COC-A

Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B

1. Your community's planning process for developing a Continuum of Care strategy.

a. Identify the lead entity for the CoC planning process.

Baltimore Homeless Services, Inc. (BHS) serves as the lead entity to the CoC planning process.

In August 2004, the City of Baltimore reorganized homeless services by moving the Office of Homeless Services within Baltimore Housing, the staff and all of its functions to the Baltimore City Health Department. Baltimore Homeless Services Inc. , a new "quasi" public nonprofit organization, was created, to improve collaboration among public and private agencies, promote innovative programs, and streamline administrative and grant-related activities. The following is a brief overview of the new organization and its structure.

BHS has a 23 member Board of Directors that leads the organization along with the President and CEO, Laura Gillis, MS, RN. The 24 staff members from the former Office of Homeless Services work at BHS, which has enabled a smooth transition and retained the grants management skills and collective institutional memory within the CoC. The staff has been reorganized with the creation of a senior management team of three Directors who are responsible for the overall financial and programmatic functions of the organization.

b. Describe your community's CoC planning process, clearly defining the organizational structure.

The planning process in the Baltimore CoC begins with assessing needs and gathering information, reviewing our inventory of resources, identifying gaps by comparing what we currently have with what we need, setting priorities, creating an annual action plan and evaluating our progress. The planning process with the organizational structure is described below.

Assess needs: The assessment of needs is ongoing throughout the year through the **monthly HomelessStat reports**, the **Annual Progress Reports (APRs)** from individual providers and the **monitoring site visits** to provider organizations. *HomelessStat* is a rigorous, data-driven accountability "Stat" process modeled after CitiStat in the Mayor's office. The Outcome measures, in the HomelessStat report, were identified from the HUD Annual Progress Report (APR) and the 10 Year Plans to End Homelessness in other municipalities and presented to service providers for discussion and modification as needed. The Health Commissioner and the BHS President/CEO facilitate *HomelessStat* twice monthly and this forum has become an avenue to assess needs within the CoC. For instance, the providers identified an unmet need in eviction prevention services along with affordable housing by reviewing data together at *HomelessStat*.

This year, the **Point in Time (PIT) census** identified unmet needs in the CoC by surveying 902 individuals; 570 in shelters (both emergency and transitional) and 332 on the streets (including homeless service locations). Lack of affordable housing was the number one unmet need of the people surveyed both in the 2003 (62.60%) and 2005 (64.40%) census. Other unmet needs identified by the census were job placement, addictions treatment and medical and dental care.

Service providers identify unmet needs through their ongoing work with homeless clients and furnish input to the CoC via several organizational structures including:

- **Hands in Partnership (HIP)** is a consortium of providers who work with chronically homeless street dwelling people in Baltimore City. The BHS Outreach Manager convenes biweekly meetings of the outreach teams to coordinate services for chronically homeless clients and a biweekly meeting of the administrators from the HIP agencies to collaborate across systems of care. HIP receives requests for assistance with street dwelling homeless persons from business owners, elected officials, and other service providers daily and they are aware of the unmet needs of this target population.
- **HOPWA Advisory Board** meets quarterly to provide their expertise and input into the development and evaluation of HOPWA programs in the CoC. Staffed by the BHS Program Manager, the HOPWA Advisory Board is comprised of two consumers, seven service providers, the Baltimore City Health Department Ryan White Title I coordinator and the HUD project officer for the Baltimore EMA. The HOPWA Advisory Board is key in identifying unmet needs and gaps in services to people with HIV/AIDS and assisting in developing programs to meet the housing needs of this special population.
- **Homeless Management Information Systems (HMIS) User Workgroup** meets monthly with the BHS Information Systems and Evaluation Manager to provide feedback on the implementation and use of the Regional Online Services Information Exchange (R.O.S.I.E), the HMIS system implemented initially in the Baltimore CoC in August 2000. Members of the HMIS User Workgroup are end users of R.O.S.I.E. and they identify unmet needs within the R.O.S.I.E. system as well as within their own organizations, e.g. computer training needs. The HMIS User workgroup improves the performance of the ROSIE system by working to ensure the accuracy and integrity of the data.
- **Shelter Plus Care (S+C) Providers** meet bimonthly to share strategies on how to keep homeless people housed, work with landlords effectively and provide case management services efficiently. BHS convenes the 14 organizations and provides program oversight with linkage to services and new landlords in the City. One of the major unmet needs identified by this group is a lack of available landlords for their program.

Review inventory and resources: BHS does an **annual inventory of all emergency, transitional and permanent housing** in the CoC and reviews all of the services available. The HMIS provides information on the number of shelter beds available and to ensure accuracy, an annual phone survey is conducted by BHS staff of all providers in the City since the Missions are not yet participating in the HMIS. **Monthly HomelessStat reports** give utilization rates for shelters and housing funded by BHS. In addition, **information from the provider groups** identified above assists in knowing what the inventory and resources are in the CoC.

Identify gaps: Comparing what we have to the unmet needs assists us in identifying the gaps in our CoC. HIP, the HOPWA Advisory Board, the HMIS Users Work Group and the Shelter Plus Care providers identify gaps within their particular programs. In addition, there are **two provider advocacy coalitions** in the CoC that comprise the majority of service providers along with BHS and together we identify gaps in our CoC.

- **Stop Homelessness and Reduce Poverty Coalition (SHARP)** is a coalition of public and private organizations and individuals that works to promote effective services and sound

public policies toward the elimination of homelessness and the reduction of poverty.

SHARP meetings are held monthly and are open to members and non-members alike. A standard agenda is followed each month that includes opportunities for guest speakers, service related issues including assessment of what is needed in the CoC, legislative reports, upcoming events, provider updates, funding issues, updates from Baltimore Homeless Services, Inc., and a review of opportunities for advocacy.

- **Homeless Children and Families Coalition** is comprised of service providers who work with families and children and their mission is improving the lives of homeless children and their families in the Baltimore Metropolitan Area. The Coalition meets monthly to discuss issues related to homeless children and families including health care, education and advocacy. The Coalition identifies gaps and they have successfully launched several programs including the Ark, a day care center for homeless children and Dayspring, a transitional housing program for women and children.

BHS works with **mainstream providers including Baltimore Mental Health Systems and Baltimore Substance Abuse Systems** who also identify gaps in the system for homeless people. For example, the downtown hospitals contacted BHS to assist them because there is a lack of emergency shelter open for homeless women and children who are discharged in the evenings. Service provider groups are a source of information because they carry out the projects of the CoC strategic plan and tell us where the gaps are.

Set priorities: The BHS Board of Directors held its first meeting in January 2005 and they moved quickly to set a strategic direction and identify priorities for the Baltimore CoC. The BHS Board of Directors conducted strategic planning this year and in June 2005, the first BHS Strategic Plan delineating four strategic goals and the mission of the organization was published. The mission adopted by the Board is as follows:

The mission of BHS is to make homelessness a rare and brief experience in Baltimore City by serving as a catalyst for the creation of affordable housing, the delivery of high-quality, evidence-based services and community-wide advocacy.

The Board adopted the Housing First model as the homeless strategy for the Baltimore CoC. The Strategic Plan, mission, and the Housing First model set the priorities for the Baltimore CoC.

The BHS Board of Directors is comprised of the following CoC members:

- **Consumer** of homeless services
- **Two service providers** each representing the two provider advocacy coalitions in the City
- **Two elected officials:** Baltimore City Council President and a Maryland State Senator
- **Two mainstream service providers:** Baltimore Mental Health Systems and Baltimore Substance Abuse Systems
- **Five business leaders** including the president of the local downtown business association
- **Affordable housing developer**
- **HOPWA landlord**
- **Two local foundations**
- **Director of Planning in Baltimore City**
- **Long time community advocate** and spokesperson for people who are homeless
- **Largest public health provider in City**

- **Police Commissioner**
- **Public housing official**
- **Director of Baltimore Department of Social Services**

In the strategic planning process, an environmental scan was conducted to assess homeless services in Baltimore City. A **Strategic Planning Committee** comprised of five Board members and the BHS management team met to identify goals and objectives. Feedback from the Strategic Planning Committee was given at the monthly Board meetings to gain input. Since the Board of Directors is new, BHS staff provides ongoing education about different aspects of the CoC at each Board meeting. Two Board members also participated along with other community members on the ad hoc **Review and Ranking Committee** for projects submitted for the CoC.

Create action plan: The action plan for the CoC is created to meet the needs of homeless people in Baltimore City, to fill the gaps in the service delivery system and to reflect the priorities set by the BHS Board of Directors. With the adoption of the Housing First Model, planning about how to implement it in the Baltimore CoC has been underway. The two provider coalitions, SHARP and the Coalition of Children and Families, have held discussions to educate their members and garner input. BHS has disseminated educational information on the Housing First model via our E-newsletter that goes out biweekly to over 100 providers, elected officials, landlords and funders. The two provider coalitions, provider groups and the BHS Board of Directors provide input into the action plan and BHS takes responsibility for writing it.

A 10 Year Plan to End Homelessness drafted by the former Commission on Homelessness in May 2004 was purposefully set aside. Now that the CoC has a strategic direction, a CoC wide process to review and align the 10 Year Plan to End Homelessness with the Housing First model will convene in September 2005 with the final plan completed by the end of the year. Future annual action plans will be created to meet the overarching goals of the 10 Year Plan to End Homelessness for Baltimore City.

Evaluate progress: Progress towards action plan goals are evaluated by:

- **Analyzing the aggregate data from the APRs** of individual programs and disseminating the information back to the provider groups for discussion.
- **Monthly *HomelessStat*** meetings where data is shared by the providers and discussed. For instance, the challenges of linking clients to mainstream services by transitional housing providers was recently highlighted with successful solutions shared with the group by several service providers.
- **Site visits and monitoring** of individual providers by BHS staff
- **Analysis of the monthly reports and budgets** by BHS staff to assure on time spending and utilization of resources
- **Annual survey of landlords** to determine how satisfied they are with BHS as a partner.

BHS is the “spoke in the wheel” of the CoC planning process and we keep the annual cycle going by taking care of the operational details and by coordinating all of the planning efforts. BHS plans with the CoC as an active participant and leader in every part of the organizational structure.

c. List the dates and main topics of your CoC planning meetings held since June 2004

Date	Group	Topic
6/4/2004	Catholic Charities	Resource Center development
6/9/2004	SHARP	Monthly forum to address homelessness issues
6/10/2004	Youth Council – ETH Work Group	Planning - Youth Transitional Housing
6/11/2004	HMIS Policy Board	HUD Data Standards
6/14/2004	Landlord Outreach	Promotion – Affordable Housing Availability
7/6/2004	Hands In Partnership Group	Ongoing coordination of outreach efforts
7/8/2004	Baltimore. Workforce Inv. Board	Development of TH program for youth
7/13/2004	Commission on Homelessness	Housing First Strategy
7/15/2004	Hands In Partnership Group	R.O.S.I.E. Training for outreach workers
8/5/2004	HMIS Standards Work Group	HUD Data Standards
8/11/2004	SHARP	Monthly forum to address homelessness issues
8/16/2004	Shelter Plus Care Provider Group	Accessing landlords. Program updates
8/19/2004	Associated Black Charities	Housing Work Group Planning meeting
9/22/2004	Maryland Collaborative	HMIS implementation
9/22/2004	Shelter Plus Care Sponsor Group	R.O.S.I.E. Training
9/23/2004	Baltimore Mental Health Systems	Outreach update / NAMI training
9/28/2004	Youth Council	Office of Employment and Development
9/30/2004	<i>HomelessStat</i>	Review – Accountability of the Continuum
10/13/2004	SHARP	Monthly forum to address homelessness issues
10/13/2004	Baltimore Mental Health Systems	Coordination of Outreach Providers
10/14/2004	B.E.S.T.	Outreach Svcs - Police & DPOB Safety Guides
10/14/2004	Coalition of Children and Families	Collaboration/ resources development - families
11/4/2004	HMIS Standards Work Group	Review of Program-specific standards
11/08/2004	2005 Census Planning Group	Planning for January 2005 census
11/10/2004	SHARP	Monthly forum to address homelessness issues
11/17/2004	Shelter Plus Care Sponsor Group	HMIS Implementation-Perm. Supp. Hsg. Progs.
12/3/2004	HMIS Standards Work Group	Finalization of Program-specific standards
12/3/2004	Census Work Group	Planning / coordination w/ continuum partners
12/7/2004	Youth Resource Center Group	Strategic Planning Retreat
12/14/2004	Hands In Partnership Group	Ongoing coordination of outreach efforts
12/14/2004	Maryland 10 Year Plan Summit	Strategic Planning for State's 10 Year Plan
12/15/2004	SHARP	Monthly forum to address homelessness issues
12/16/2004	Census Work Group	Training/Review of HUD expectations
1/11/2005	SHARP	Monthly forum to address homelessness issues
1/13/2005	Baltimore Substance Abuse System	Board meeting – Fair Housing Act
1/25/2005	Downtown Hospital Group	Homeless people in emergency departments
1/26/05	Baltimore Housing First	Housing First Model
1/27/2005	BHS Board of Directors meeting	First Board meeting: overview of BHS
2/7/2005	Family League of Baltimore	Housing homeless families
2/15/2005	Corporation for Supportive Housing	Assessment of Baltimore's housing and services
3/3/2005	HMIS User Group	Status Update, Security Standards, Training needs
3/16/2005	Shelter Plus Care Provider Group	Program updates and evaluation, unmet needs
3/24/2005	BHS Board of Directors meeting	Strategic Planning Retreat
5/11/2005	SHARP	Monthly forum to address homelessness issues
5/12/2005	Coalition of Children and Families	Collaboration/ resources development - families
5/26/2005	BHS Board of Directors meeting	Adopted mission statement, Housing First Model

d. Describe which and how local, and/or state elected officials are involved in the process.

The local elected officials involved in the CoC planning process include the following:

Mayor Martin O'Malley has taken a personal interest in homeless issues as evidenced by his creation of Baltimore Homeless Services Inc. He wanted to improve services by linking homeless services to the Baltimore City Health Department. He is also interested in long-term strategies so he invited the BHS President/CEO to meet with her counterpart Louise Casey from London, U.K. Ms. Casey visited Baltimore City and shared with Baltimore Homeless Services the successful strategies; namely the Housing First model, used in England to house chronically homeless individuals.

City Council President Shelia Dixon is a member of the BHS Board of Directors. She or her designee has attended every Board meeting and the Strategic Planning Board Retreat. Her designee is a member of the Strategic Planning Committee, a subcommittee of the Board. President Dixon requested BHS to present information on the HOPWA program to the City Council's HIV Commission to foster collaboration between HIV service providers in the City. President Dixon has taken the lead in Baltimore City to coordinate planning for HIV services and housing.

State Senator Lisa Gladden has been a member of the Maryland Senate since January 2003 after spending four years in the House of Delegates. Senator Gladden is a member of the Joint Committee on Welfare Reform and she brings the state perspective to the BHS Board of Directors and to our planning endeavors. Just recruited, Senator Gladden will join the Board in June 2005.

e. List the names and types of organizations involved in your Continuum of Care (CoC) planning process

Specific Names of CoC Organizations /Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
<u>State Agencies:</u>			
Samuel Chambers, Director or Robert Kirk, representative, Baltimore City Department of Social Services	Baltimore City	Homeless	Member, BHS Board of Directors. Member of SHARP Coalition. Attended 100% of monthly meetings.
<u>Local Government Agencies:</u>			
Peter Beilenson, MD, MPH Commissioner of Health	Baltimore City	Homeless	Chair, BHS Board of Directors. Attended 90% of Board meetings.
Shelia Dixon, President City Council or representative		Homeless	Member, BHS Board of Directors. Attended 100% of Board meetings and Strategic Planning Committee meetings.
<u>Law Enforcement:</u> Leonard Hamm, Police Commissioner or representative	Baltimore City	Homeless	Member, BHS Board of Directors. Attended 60% of Board meetings.
Otis Rolley, III, Director, Department of Planning	Baltimore City	Homeless	Member, BHS Board of Directors. Attended 25% of Board meetings.
Laura Gillis, President and CEO, Baltimore Homeless Services	Baltimore City	Homeless	Member, BHS Board of Directors. 100% attendance. Member, BHS Strategic Planning Committee, 100% attendance; Co-chair, Steering Committee of Youth Resource Center, 100% attendance Member, Housing Committee

			of State of Maryland 10 Year Plan to End Homelessness, 75% attendance.
Susan Olubi, Program Director, Baltimore Homeless Services	Baltimore City	Homeless	BHS representative to SHARP Coalition, 80% attendance.
Kate Briddell, Program Manager, Baltimore Homeless Services	Baltimore City	HIV/AIDS, Homeless	Staff to HOPWA Advisory Committee. Attends quarterly meetings, 100% attendance Member, Strategic Planning Committee meeting. Attended 100%.
Gloria Townsend, Information Systems and Evaluation Manager Baltimore Homeless Services	Baltimore City	Homeless	Staff to HMIS Users Group. Attends 100% of monthly meetings. Member, Strategic Planning Committee meeting. Attended 100%.
Karen Powell, LCSW, Outreach Manager, Baltimore Homeless Services	Baltimore City	Homeless	Staff and Co-convenor of Hands in Partnership(HIP) consortium. Attended 100% biweekly meetings.
Jamila Keita, Program Administrator, Baltimore Homeless Services	Baltimore City	Homeless	BHS representative to Homeless Children and Families Coalition. Attended 75% of meetings.
Stephen Baron, President, Baltimore Mental Health Systems	Baltimore City	SMI	Member, BHS Board of Directors. Attended 100% of Board meetings. Member, Strategic Planning Committee meeting. Attended 80% of meetings.

Bonnie Cypull former President and Adam Brickner, current President, Baltimore Substance Abuse System	Baltimore City	SA	Member, BHS Board of Directors. 100% attendance.
<u>Public Housing Authority (PHA):</u>			
Paul Graziano, Commissioner or representative, Baltimore Housing	Baltimore City	Homeless	Vice-Chair, BHS Board of Directors. Attended 50% of Board meetings.
<u>Nonprofit Organizations:</u> (includes Faith-based Organizations):			
Stop Homelessness and Reduce Poverty (SHARP) Coalition Stephanie Archer-Smith, St. Vincent de Paul Society	Baltimore City	HIV/AIDS; SA Homeless	Member, BHS Board of Directors. Attended 100% of meetings.
AIDS Interfaith Residential Services (AIRS), Catholic Charities, GEDCO, United Ministries, Mercy Medical Center, Mt. Calvary, Salvation Army, YWCA, other housing and service providers (60+)			Members attend 80% of SHARP meetings.
Coalition of Homeless Children and Families			
Betty Schulz, Mercy Children's Hospital Outreach Program	Baltimore City	Homeless Children and Families	Member, BHS Board of Directors. Attended 100% of meetings.
Baltimore City Department of Social Services, Baltimore City Headstart, Baltimore Homeless Services, Baltimore Interfaith Hospitality			Members attend 80% of Coalition of Homeless Children and Families meetings.

<p>Network, Catholic Charities, Christ. Ministry, Dayspring, Gaudenzia, House of Ruth Maryland, Marian House, Mercy Supportive Housing Program, My Sisters Place, People Encouraging People, Project PLASE, Salvation Army, Second Genesis, State Department of Education, The Ark Daycare, YWCA Druid House</p>			
<p>Hands in Partnership (HIP) HIP consists of representatives from Baltimore Homeless Services, the Downtown Partnership, Baltimore Mental Health Systems which includes Johns Hopkins Outreach Team, the Helping Other People through Empowerment team, the Bon Secours Mobile Assertive Svcs. Team, and the People Encouraging People team. Also the Baltimore Crisis Response Inc., Baltimore Substance Abuse Systems, and Baltimore City Department of Social Services.</p>	<p>Baltimore City</p>	<p>Chronically homeless street dwelling, SMI, SA</p>	<p>Biweekly meetings. Members, attend 80 % Meetings.</p>
<p>HOPWA Advisory Group AIDS Interfaith Residential Services (AIRS), Baltimore City Health Dept. Ryan White Title I Coordinator, Baltimore Homeless Services, Black Education AIDS Project, Family and Children's Services of Central Maryland, Health Care for the Homeless, Inc., HUD Project Officer, Your Are Not Alone (YANA) and two Consumers.</p>	<p>Baltimore City and the surrounding Counties – Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne</p>	<p>HIV/AIDS</p>	<p>Quarterly meetings with 75% attendance by members.</p>

Shelter Plus Care Provider Group AIRS, At Jacob's Well, Baltimore Homeless Services, Baltimore Mental Health Systems, Dayspring Programs, Family and Children's Services of Central Maryland, Health Education and Resource Center (HERO), Marian House, Mount Calvary Ministries, Inc., Prisoner's Aid Association of Maryland, Project PLASE, St. Ambrose Housing Aid Center	Baltimore City	Homeless, SMI HIV/AIDS SA	Bimonthly meetings attended by at least 75% of members.
<u>Domestic Violence:</u> Representative, House of Ruth of Maryland	Baltimore City	Domestic violence	Member, HMIS Users Group. Attended 100% of meetings.
<u>Veterans:</u> Representative, Maryland Veterans Education and Training	Baltimore City	Homeless Vets	Member, HMIS Users Group. 80% attendance
<u>Youth:</u> Leslie Leitch, AIDS Interfaith Residential Services. Ross Pologe, Fellowship of Lights	Baltimore City Baltimore City	Youth, HIV/AIDS Youth	Youth Resource Center. Attended 100% of meetings Youth Resource Center. Attended 100% of meetings
<u>Homeless /Formerly Homeless Persons:</u> John Stewart	Baltimore City	Homeless	Member, BHS Board of Directors. Attended 100% of meetings.
<u>Businesses/Business Associations:</u> Kirby Fowler, President, Downtown Partnership of Baltimore	Baltimore City		Member, BHS Board of Directors. Attended 70% of meetings

Nancy Hall, Maryland Association of Non-Profits	Baltimore City		Member, BHS Board of Directors. Attended 90% of meetings.
Pete Ponne, Sr. Vice President, Sun Trust Bank	Baltimore City		Member, BHS Board of Directors. Attended 90% of meetings.
Ken Crawford, Enterprise Social Investment Corporation	Baltimore City		Member, BHS Board of Directors. Attended 70% of meetings.
Pete Komar, General Manager, Holiday Inn Inner Harbor	Baltimore City		Member, BHS Board of Directors. Attended 70% of meetings.
Sherry More, Landlord, RAMI & ABC.LLC.	Baltimore City		Member, BHS Board of Directors. Attended 70%
<u>Employment:</u>			
Alice Cole, Project Director Youth Services Division Mayor's Office of Employment Development	Baltimore City	Employment Youth	Member, Youth Resource Center Steering Committee. 100% attendance
<u>Legal:</u>			
Donald Rae, Attorney at Law	Baltimore City	Real Estate Law	Member, BHS Board of Directors. Attended 100% of meetings.
Monica Brown, Esq.,	Baltimore City	Human Resource Law	Member, BHS Board of Directors. (on medical leave for last 3 months)
Homeless Persons Representation Project	Baltimore City	Homeless	Member, SHARP. Attended 70%
<u>Foundations:</u>			
Gary Officer, President and CEO Associated Black Charities	Baltimore City		Member, BHS Board of Directors. Attended

M. Gregory Cantori, Executive Director, The Marian I. and Henry J. Knott Foundation	Baltimore City		80% of meetings Member, BHS Board of Directors. Attended 80% of meetings.
<u>HMIS Users Group</u>	Baltimore City	Homeless	Members attend 80% of meetings
ACC Christopher's Place ACC Fresh Start, ACC/Holden Hall ACC/My Sis Place, ACCMSPL AIRS, American Rescue Workers At Jacobs Well, BCDSS HESU BCDSS/Eviction Prevention, BCRI Bethel Outreach, BMHS BMHS/JHH Host, BMHS/PEP BMHS/North Baltimore Center Bon Secours/Mobile and WRC, Browns Shelter, Carrington House, Cottage Ave, Dayspring/Phoenix House Downtown Partnership, Earls Place Echo House, Franciscan Center Fred Ozanam, GEDCO Harford House and Micah House HEAL - Hagar's Place, Helping Up House Of Ruth, I Can, Inc LSH / Jobs, Housing & Recovery Manna House, Marian House MCVET, Mercy Medical Oasis, Patrick Allison House Prisoners Aid, Project PLASE Project PLASE Co-ed, Men and Women Sal. Army/Booth, Baltimore Station UM Safe Haven and UM Ethel Elan Safe Haven, VOA Pratt House WHC Bennett House, Calverton and Susan Wesley House, YMCA YWCA Corner, South Baltimore CL,			

Subpopulation key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

Form HUD 40076 CoC-B

Exhibit 1: Continuum of Care Goals and System

1. Your community's CoC goals, strategy, and progress

a. Chronic Homelessness Goals/Strategy

(1) Past Performance.

(a) The specific actions that your community has taken the past year towards ending chronic homelessness.

The **specific actions** taken over the past year towards ending chronic homelessness are:

- **Housed 225 chronically homeless individuals**
From 2004 to 2005, **225 individuals who are chronically homeless were housed** with a **5% increase** in permanent supportive housing units **for chronically homeless people from 740 units to 775 units**
- **Created Baltimore Homeless Services, Inc.**
The **creation of Baltimore Homeless Services Inc.** signaled to the City that homelessness is a higher priority than in the past. As described above, BHS has formalized an organizational structure within the CoC to promote communication, assess needs and identify gaps, evaluate progress towards goals and create plans that meet our 10 Year Plan to End Homelessness.
- **Conducted Point in Time Census to get accurate estimate of chronically homeless persons.**
On January 30, 2005, BHS conducted a **Point in Time census** of the homeless population in Baltimore City counting 2,904 people and surveying 902 of these individuals. To gain a **more accurate count of chronic homelessness**, a question specific to the number of days, months, and years a person was homeless was added in the 2005 census. From the Point in Time Census, **393 individuals** were counted as **chronically homeless** on January 30, 2005 with **600 to 800 of these disabled individuals homeless over any given year**. Using a formula developed by national homelessness research experts¹, between **6,522 and 7,023** individuals will experience homelessness in Baltimore City over the course of one year.
- **Adopted the Housing First model with supportive housing**
The **Housing First model** allows housing of chronically homeless individuals quickly by separating housing from treatment. Beginning June 6, 2005, BHS implemented a **pilot project, Baltimore Housing First** to engage at least 35 identified chronically homeless individuals in downtown Baltimore, offer them housing, and provide intensive case management services. Through our relationships with Baltimore Housing and Baltimore Substance Abuse Systems, BHS has **secured 20 units of housing and 20 substance abuse treatment slots for chronically homeless individuals for this project**. BHS contracted with Health Care for the Homeless Inc. for a Licensed Certified Social Worker (LCSW) who along with two BHS outreach workers will provide support services, link the clients to mainstream services and furnish direct access into primary health care. The project

¹ Burt, Martha and Carol Wilkins, March 2005, "Estimating the Need: Projecting from Point-in-time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing." Corporation for Supportive Housing: 8. Available at: http://documents.csh.org/documents/pubs/csh_estimatingneed.pdf

evaluation incorporates outcomes measures from *HomelessStat* and the results will inform the implementation of Housing First in Baltimore.

- Created mechanisms to set aside units of affordable housing for chronically homeless individuals.
City Council President Dixon created a task force to study the prospect of **creating an inclusionary zoning and housing plan in Baltimore City to increase the supply and distribution of adequate, affordable housing across the City** so that we can better meet the needs and demands of current and future residents.
- Created two additional Drop In Centers in the CoC.
Baltimore City has set aside approximately **\$2,000,000.00 in Community Development Bond funds for Day Resource Centers** and BHS is currently working with providers on two Day Resource Centers.

(b) Any remaining obstacles to achieving the goal of ending chronic homelessness

The obstacles to ending chronic homelessness include (1) availability of affordable housing, (2) lack of substance abuse treatment and (3) lack of jobs and job training.

c) Describe any changes in total number of chronic homeless persons reported in 2004 and 2005.

The total number of chronically homeless individuals reported in 2004 was 1,930 and in 2005, 393. **The difference is due to the use of the Point in Time (PIT) methodology in the 2005 census and because 225 chronically homeless people were housed this past year in the Baltimore CoC.** For the 2003 census, a private company analyzed the survey data; they presented percentages not actual numbers and did not describe the methodology used. In the 2004 report, a 20% margin of error was used to increase the number of homeless persons counted and the number reported. The 1,930 appears to be an estimate of the number of individuals who were chronically homeless over one year. For the 2005 census, staff attended the PIT training and one staff member, a doctoral student, analyzed the raw data using standard statistical methods. From the 2005 PIT, the chronically homeless individuals were estimated at 393 with 600 to 800 individuals chronically homeless over one year. A formula published in March 2005 by Burt and Wilkens was used to make these calculations.² PIT surveys are new to CoCs and as methods for census counts become more sophisticated and available, it is expected that accuracy will increase.

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	1930
2005	393

Beds Chart

Number of permanent beds to house the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	740	0	740
2005	775		

² Ibid

(2) Current Chronic Homelessness Strategy

The community's strategies for ending chronic homelessness are to complete the 10 Year Plan to End Homelessness and implement the Housing First model. Each of these strategies is briefly described below with progress updates.

Complete 10 Year Plan to End Homelessness: With the creation of BHS and the move of the staff and functions, work on the draft plan was temporarily postponed. However, the **following actions** were completed in preparation to implement the plan:

- Secured funding and obtained technical assistance from national group experienced in leading an urban CoC through the 10 Year Plan process.
- Set the date of early September 2005 to convene key CoC members to work on plan and made numerous announcements that the CoC will be creating our plan to end homelessness in Baltimore City
- Identified outcomes used in other jurisdictions' 10 Year Plans and incorporated them into *HomelessStat*, the data-driven accountability "Stat" process modeled after CitiStat in the Mayor's office. Providers are now accustomed to reporting outcome data, which will be needed to measure progress in the 10 Year Plan.
- Completed an environmental scan of homelessness in Baltimore City with a needs assessment and gap analysis and set a strategic direction. The BHS Strategic plan provides the direction and a "jumping off platform" for the 10 Year Plan.

Implement the Housing First Model: The Baltimore CoC has adopted the Housing First model as the service delivery strategy for Baltimore City. A housing first approach rests on two central premises. One, re-housing should be the central goal of working with people experiencing homelessness, and two, by providing housing assistance and follow-up case management services after a family or individual is housed, the time people spend in homelessness can significantly be reduced. There are **three central components** of Housing First:

- Crisis intervention, emergency services, screening and needs assessment including emergency shelter.
- Permanent housing services, known as Supportive Housing, to help individuals to access and sustain housing and includes working with clients to identify affordable units, access housing subsidies, and negotiate leases. Clients may require assistance to overcome barriers, such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up and income source.
- Provision of intensive case management
 - To ensure individuals have a source of income through employment and/or public benefits, and to identify service needs *before the move* into permanent housing; and
 - To work with families *after the move* into permanent housing to help solve problems that may arise that threaten the clients' tenancy. This may include difficulties sustaining housing or interacting with the landlord. Case management services can assist families and individuals in connecting with community-based services to meet long-term support and service needs.

To meet the central premises of the Housing First model, the Baltimore CoC needs to increase emergency services including shelters and drop in centers to engage chronically homeless people

and link them to mainstream resources quickly and identify additional resources to create affordable housing with supportive services. Strategies undertaken to accomplish this goal are briefly described below.

Increase emergency services including outreach, shelters and drop in centers: The Baltimore CoC has 15 outreach workers for the entire City. To create the relationships necessary to move people off of the streets, **we need to increase our outreach effort by at least 35%.** Identifying additional providers to link chronically homeless individual directly to services and increasing the coordination among outreach teams is needed. We will be identifying and reallocating resources this next year towards the expansion of our outreach efforts. Demand for emergency shelter is high as evidenced by the “Code Blue” winter shelter, which has almost 200 people in it every night it is open. In 2004, we **lost 30 emergency shelter beds.** To increase emergency shelter beds, BHS will work with current providers to build their organizations’ capacity to expand services and identify new providers to open additional emergency shelters.

Some homeless individuals do not utilize shelters because they perceive them as unsafe and/or they cannot tolerate the congregate living environment. For these individuals and other homeless persons and families, the **drop in centers** function as an outreach method to engage them into services. Currently 10 drop-in centers (My Sister’s Place, Bon Secours, Beans and Bread, Manna House, HERO, Franciscan Center, Paul’s Place, YANA, Samaritan Center and Project HOPE) are open during the day to complement the emergency shelters system. Two 20 bed Safe Havens provide services to homeless persons with serious mental illness and the Oasis Center is a 24-hour drop in center for homeless men who are active users. The Health Education Resource Organization (HERO) operates the Maryland Community Resource Center with a drop in center for homeless individuals with HIV/AIDS. Baltimore City has set aside approximately **\$2,000,000.00 in Community Development Bond funds for Day Resource Centers** and BHS is currently working with Associated Catholic Charities and Echo House on two Day Resource Centers targeted for chronically homeless individuals and located in strategic areas.

In the 2005 PIT survey, chronically homeless individuals reported they are much less likely to receive Temporary Cash Assistance, have military benefits, or receive social security or some other pension benefit. We need to **expand the successful Supplemental Security Income (SSI) project** which is geared toward severely mentally ill people living on the streets. Clients are usually those who are clearly good candidates for SSI but by virtue of their disability have been unable to navigate the application process or simply unaware that they might be eligible for such entitlements. The **SSI project provides “presumptive benefits”** to people that are certain to qualify for SSI which means that for up to six months while waiting for their eligibility determination, clients receive SSI payment.

Identify additional resources to create affordable housing with supportive services: To increase the roster of landlords participating in the CoC, BHS held a **Landlord Appreciation event with 60 landlords and 20 providers of Shelter Plus Care** and explained Housing First. BHS also met with the **Corporation for Supportive Housing** in Baltimore to identify best practices from other jurisdictions that could be implemented in our City. In the Baltimore CoC, new transitional housing programs are currently not being funded except for one designated for youth ages 18 to 24.

Exhibit 1: Continuum of Care Goals and System

(3) Coordination. Our CoC does not cover a jurisdiction that has developed, or is developing, a separate strategy to end chronic homelessness.

(4) Chronic Homelessness Goals Chart

Goal: End Chronic Homelessness	Action Steps	Responsible Person/Organization	Target Dates
Goal 1: Expand outreach effort to citywide with direct links to mainstream services, drop in centers and emergency shelters.	<ul style="list-style-type: none"> Identify new funding resource and/or reallocate existing funding in other CoC services to increase number of outreach workers. 	BHS	12/05
	<ul style="list-style-type: none"> Deploy more trained staff in high volume congregation sites like soup kitchens, labor pools and shelters. 	BHS and CoC providers	2/06
	<ul style="list-style-type: none"> Contract with additional providers to expand outreach capability and link to mainstream services 	BHS	2/06
	<ul style="list-style-type: none"> Develop and implement continuum-wide assessment tool to ensure that all homeless persons are linked to appropriate homeless and mainstream resources. 	BHS	5/06
	<ul style="list-style-type: none"> Collaborate with the prison system, central intake systems and youth correctional facilities to develop better re-entry systems for ex-offenders. 	BHS with Department of Corrections	5/05 and ongoing
	<ul style="list-style-type: none"> Strengthen coordination with the Police Department to provide training to police cadets and officers on resources and techniques for working with individuals who are chronically homeless. 	BHS Police Department	5/05 and ongoing
Goal 2: Increase emergency services available to chronically homeless people.	<ul style="list-style-type: none"> Assist current emergency shelter providers to expand their bed capacity through direct technical assistance and funding. 	BHS	06/06 ongoing
	<ul style="list-style-type: none"> Identify new provider to furnish additional emergency shelter services. 	BHS	12/05 to 5/06
	<ul style="list-style-type: none"> Operate “Code Blue” winter shelter and evaluate to expand hours of operation. 	BHS	12/06
	<ul style="list-style-type: none"> Expand drop in centers by: <ul style="list-style-type: none"> ➤ Continue to facilitate the creation of two new drop in centers operated by Associated Catholic Charities and Echo House and the expansion of the Beans and Bread program. ➤ Continue to develop a youth resource center for youth transitioning out of the foster care system and for runaway and at-risk youth ages 16-24. 	BHS	12/06
Goal 3: To increase	<ul style="list-style-type: none"> Continue to develop a roster of 	BHS	Ongoing

affordable housing units, supportive housing and group homes in the Baltimore CoC.	landlords willing to work with the program and engage in strategies to reduce disincentives to participate.	BHS staff	7/05 and ongoing
	<ul style="list-style-type: none"> ▪ Increase the number of SHP and S+C permanent supportive housing units for the homeless by identifying new service providers and expanding existing programs. ▪ Advocate for legislation locally to set aside a percentage of all new and rehabbed housing for very low-income populations. ▪ Work with Baltimore Housing to increase housing for homeless families and chronically homeless individuals by: <ul style="list-style-type: none"> ➢ Identifying unused city buildings for housing redevelopment ➢ Identifying capital funding, e.g. HOME and CDBG ➢ Collaborating on Requests for Proposals for capital projects 	BHS staff and Board members CoC providers	07/05 ongoing
		BHS staff and Board members	07/05 ongoing
	▪ Participate on the City's Group Homes Task Force to expand housing units for chronically homeless.	BHS President/CEO	07/05 – 12/05
	▪ Direct the pilot project "Baltimore Housing First" using evaluation data to implement Housing First citywide.	BHS President/CEO	06/05 – 12/05
	▪ Co-sponsor with Open Society Institute to bring Dr. Tsemberis, PhD, Pathways to Housing, New York City for a one day forum on Housing First to educate service providers and to discuss implementation with key CoC members.	BHS and Open Society Institute	6/05
	▪ Collaborate with Corporation for Supportive Housing to obtain resources and identify funding mechanisms for supportive services, e.g. housing assistance, case management, provided to individuals placed in housing.	BHS President/CEO	12/06
Goal 4: To increase access to mainstream health care services including substance abuse treatment, mental health services and medical care for chronically homeless individuals.	▪ Collaborate with BSAS to expand residential substance abuse treatment facilities for street dwelling homeless.	BHS and Baltimore Substance Abuse System	5/06
	▪ Collaborate with BMHS to facilitate access to mental health services for people with severe mental illness.	BHS and Baltimore Mental Health System	10/06
	▪ Collaborate with Maryland Hospital Association and homeless service providers to expand respite care services.	BHS	12/06

	<ul style="list-style-type: none"> Coordinate with Baltimore City Health Department on gaining access into Federally Qualified Health Centers for chronically homeless persons. 	BHS	4/06
Goal 5: To increase economic self sufficiency for individuals who are chronically homeless.	<ul style="list-style-type: none"> Collaborate with the Mayor's Office of Employment and Development to link service providers with job training programs. Partner with the business community to increase job opportunities and training for chronically homeless people. Identify best practices that repair personal credit and reduce barriers to employment due to criminal records; Disseminate them among the provider community. Collaborate with the legal system to enforce child arrearage payment requirements while supporting employment and job training. Fund service providers who offer job training along with shelter. 	BHS and CoC providers	10/05
		BHS staff and Board of Directors	05/06
		BHS	10/05 ongoing
		BHS	10/05 ongoing
Goal 6: Evaluate and track progress toward ending chronic homelessness.	<ul style="list-style-type: none"> Convene and facilitate a collaborative community planning process to finish the 10 Year Plan to End Homelessness in Baltimore City. Incorporate functionality within the HMIS to have the ability to report on the numbers, services, and movement of chronically homeless individuals within the CoC. Produce and analyze monthly <i>HomelessStat</i> reports and trend data to discover patterns. Conduct a PIT census of the homeless population incorporating 2005 recommendations. 	BHS	5/06
		BHS President/CEO	9/05 – 12/05
		BHS Information and Evaluation Manager	5/06
		BHS	06/05
		BHS, CoC providers, Downtown Partnership, Baltimore City Police	01/07

b. Other Homeless Goals Chart

Goal: Other Homeless	Action Steps	Responsible Person/Organization	Target Dates
Goal 1: To prevent and minimize the risk of eviction	<ul style="list-style-type: none"> Facilitate the coordination of eviction prevention services through <i>HomelessStat</i> meetings with prevention providers. 	BHS	8/05 ongoing
	<ul style="list-style-type: none"> Link programs offering eviction services to HMIS system to coordinate services across the CoC. 	BHS	05/06
	<ul style="list-style-type: none"> Identify methods to obtain data on evictions occurring in Baltimore City on a monthly basis and link information to 	BHS Program Manager	10/05

	eviction prevention activities on HMIS. <ul style="list-style-type: none"> ▪ Gather data from provider group on the demographics of the people being evicted, their geographic location and their primary reason for eviction. ▪ Expand the availability of legal services to protect tenant rights, including fair housing counseling and eviction representation. 	BHS Information and Evaluation Team BHS Contracts and Development Director	05/06 05/06
Goal 2: Provide technical assistance to service providers to build capacity within the homeless service delivery system.	<ul style="list-style-type: none"> ▪ Identify models for increasing organizational and system capacity. ▪ Identify funding to support capacity building efforts. ▪ Determine most effective methods for providing the technical assistance 	BHS President/CEO BHS President/CEO BHS President/CEO	11/05 1/06 2/06
Goal 3: Develop and implement a performance improvement plan to ensure quality homeless services in the CoC.	<ul style="list-style-type: none"> ▪ Develop Performance Improvement (PI) Plan to monitor financial and programmatic functions of providers. ▪ Align Performance Improvement Plan with BHS Strategic Plan, HUD regulations and any funders' requirements. ▪ Align PI plan with HMIS to ensure data retrieval and with <i>HomelessStat</i> to decrease multiple reports from providers ▪ Implement regular monitoring schedule and assemble data to track trends. ▪ Collaborate with CoC members to ensure integrity of data and compliance with plan. 	BHS Management Team and Board of Directors with CoC providers	6/06

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Development and Implementation of Discharge Planning Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	Yes	Yes	No	No
Health Care			Yes	Yes
Mental Health			Yes	Yes
Correctional			Yes	Yes

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

There are **no unexecuted Grants Awarded** Prior to the 2004 Continuum of Care Competition

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart
<p>Component: <i>Prevention</i> Services in place:</p> <ul style="list-style-type: none">▪ Direct counseling services▪ Legal assistance▪ Referrals for case management▪ Domestic violence services▪ Budgeting▪ Employment counseling▪ Motel vouchers▪ Cash grants to individuals and families facing eviction and those that are at-risk of homelessness. <p>Service Providers:</p> <ul style="list-style-type: none">▪ Echo House, Franciscan Center, Baltimore City Department of Social Services (BCDSS), Bethel, Bon Secours, Brown's, Chase Brexton, and Mercy provide counseling and cash assistance in the form of grants as payment towards rent to avoid eviction.▪ Public Justice Center operates a tenant advocacy program and serves clients in need of tenant/landlord mediation to resolve eviction issues.▪ Baltimore Neighborhoods, Inc. conducts outreach and education to tenants, landlords, and property managers about how to prevent eviction.▪ BCDSS earmarks funds to prevent homelessness through early intervention and cash assistance and makes motel vouchers available to homeless individuals and families who cannot access the traditional shelter system because of situational issues.
<p>Component: <i>Outreach</i> Outreach in place: To homeless persons who are living on the streets.</p> <ul style="list-style-type: none">• Baltimore's Homeless Outreach Team operates a system of outreach to make contact with homeless individuals and families living on the streets in Baltimore. Teams work 5 days per week to seek out those places where hard-to-reach individuals frequent, such as parks, city plazas, abandoned buildings, doorways, under bridges and alleys, and perform daily street canvassing and monthly "sweeps" of the downtown area to connect with homeless individuals. Conduct needs assessments and facilitate appropriate linkages to services such as:<ul style="list-style-type: none">▪ Emergency shelters▪ Substance abuse treatment facilities▪ Mental health services▪ Medical services▪ Financial benefits▪ Housing, employment and supportive services.

- Downtown Partnership Safety Guides provide outreach to street dwelling homeless individuals living in the downtown area with the following services:
 - Access to basic living necessities, particularly shelter.
 - Referrals to primary health care, nutritional care, mental health care, substance abuse treatment and social service programs.

Outreach activities to specific subpopulations on the street with linkage to services and housing for homeless people who are on the street are described below.

Persistent mental illness: Baltimore Mental Health Systems (BMHS) and the Baltimore Crisis Response, Inc., (BCRI) provide outreach to the people with persistent mental illness via the following:

- Mobile units that perform street canvassing
- Crisis intervention by a mobile team of mental health professionals
- Four mental health outreach teams from 4 community psychiatry programs in the City
- Supplemental Security Income (SSI) project provides “presumptive eligibility “ benefits to people who are certain to qualify for SSI, which furnishes the client SSI payments for up to 6 months while waiting for their eligibility determination.

Veterans: One outreach worker from BHS outreach team designated to specifically seek out homeless veterans. Works with other outreach workers from Veterans Administration, Downtown Partnership, BMHS and BSAS to identify veterans who are homeless.

HIV/AIDS: Chase Brexton Health Services, a Federally Qualified Health Center, operates outreach program to individuals with HIV/AIDS who are homeless. Links these individuals to comprehensive health care including medical, psychological and social services.

Domestic Violence: The House of Ruth provides emergency shelter for women on the streets and their children who seek assistance and protection from domestic violence.

Youth: Fellowship of Light provides shelter and counseling with supportive assistance to homeless and runaway youth ages 12 to 17.

Ex-Offenders: Prisoners Aid of Maryland offers outreach, emergency shelter and supportive services to ex-offenders who are homeless and who may have chronic illnesses such as HIV/AIDS or substance abuse disorders and/or persons who are rendered homeless when released from the prison system. The “At The Door” program funded through a HOPWA competitive program grant links ex-offenders who are HIV+ to services and housing.

At-Risk women: YANA (You Are Not Alone) operates a drop-in center and provides outreach and comprehensive services to homeless women involved in prostitution. YANA identifies suitable housing and refers the women to substance abuse treatment, medical care, mental health counseling and work related opportunities.

Service Providers: In addition to the providers identified above, BHS, the Downtown Partnership, Baltimore Mental Health Systems (BMHS), Baltimore Crisis Response, Inc. (BCRI), Baltimore Substance Abuse Systems (BSAS), and Baltimore Department of Social Services (BCDSS).

Component: *Supportive Services*

Services in place:

Case Management services are offered by the majority of providers within the CoC. Case management services link clients who are attempting to meet their basic needs of food, shelter and clothing and assist clients in coordinating their efforts to gain entitlements, obtain appointments and follow through in social service systems. In particular, homeless service

providers assist clients to

- Apply for and obtain mainstream benefits such Temporary Assistance for Needy Families (TANF), Temporary Cash Assistance (TCA), Temporary Disability Assistance Program (TDAP) formerly TEMHA, the State Children's Health Insurance Program (SCHIP) federal Medicaid, Supplemental Security Income and Social Security Disability Income (SSI/SSDI), Food Stamps, the Workforce Investment Act and health care at the Veterans Administration
- Develop service plans with the client and link them to the needed services in the community.

Service Providers: AIRS, At Jacob's Well, Dept. Social Services, Baltimore Crisis Response Inc, Baltimore Mental Health Systems, Bon Secours Mobile Assertive Services, Bon Secours Women's Resource Center, Carrington House, Chase Brexton Health Services, Christopher's Place Employment Academy, Cottage Avenue Transitional Dayspring Programs, Earl's Place, Evenly Jordan Center, Family and Children Services of Maryland, Fellowship of Lights, Frederick Ozanam House, GEDCO, H.E.A.L, Health Care for the Homeless, HERO, Holden Hall, House of Ruth, Jobs, Housing and Recovery, Marian House, Maryland Center for Veterans Education and Training (MCVETS), Mercy Supportive Housing Program, Mt. Calvary Holy Temple, My Sister's Place and Lodge, Martha's Place, North Baltimore Center, Patrick Allison House, Prisoners Aid Association, Project PLASE, Salvation Army- Booth House, Seton Hill Station, , The Baltimore Station, University of Maryland Mobile Treatment, Volunteers of America, Women's Housing Coalition, Women Accepting Responsibility, YMCA, YWCA.

Life skills: Includes basic life skills of maintaining a bank account, paying bills, seeking health and dental services and following through in social service systems. There is a wide array of life skill programs including the following:

- **Catholic Charities** assists residents through a day program of classes and support groups designed to help the women develop life skills (budgeting, shopping, taking medication on time, etc.), and socialization skills. To promote greater self-determination the women are connected to substance abuse treatment, mental health services and medical care in the community.
- **Martha's Place** requires residents to follow specific program rules and regulations designed to help residents overcome drug addiction, increase their income, and regain the skills necessary for independent living. Program rules and regulations require residents to obtain employment (within 30 days of entry at Martha's Place), participate in money management training including paying rent on time, participate in anger management training, complete house chores, cook meals, and attend all Martha's Place meetings and appointments in a punctual manner.
- **Marian House** requires residents to participate in home management skills, money management, parental coaching, access to medical care for mothers and their children and plan and conduct enrichment activities for children to stimulate cognitive and social development.
- **Prisoner's Aid** targets ex-offenders and provides counseling and services such as securing and maintaining suitable housing, addressing medical needs, referrals to job training, money management, and other activities to prevent recidivism and assist clients with integration into mainstream society.
- **House of Ruth** provides life skills education in areas of money management, job training and etiquette, health and mental healthcare through their Wellness program to women who are victims of domestic violence and rendered homeless.

- **MCVETS** provides comprehensive services to homeless veterans that enable them to rejoin their communities as productive citizens.

Service Providers: Listed above

Substance Abuse Treatment: Baltimore Substance Abuse System (BSAS) is the designated substance abuse treatment and prevention authority for the City of Baltimore, which defines and meets the needs for alcohol and drug treatment and prevention services. BSAS administers over 25 grants from federal, state and local government, private foundations and other organizations. With a budget of approximately \$60 million, BSAS contracts with 70 treatment and prevention providers, maintains over 8,500 treatment slots (static capacity) that serve 25,000 persons annually. Approximately 10% of the population served in the BSAS system of care self-report as being homeless upon entry into treatment. Treatment services include

- Medication-assisted treatment (4,773 slots)
- Intensive and standard outpatient counseling (2,485 slots)
- Short- and long-term residential treatment (651 beds)
- Inpatient and outpatient detoxification (185 beds)
- Criminal justice referrals
- Specialized services for HIV patients and for homeless persons.

Service Providers: BSAS funds 70 treatment and prevention providers.

Mental Health Care: Baltimore Mental Health Systems, (BMHS), is the local mental health authority which manages funds, and coordinates the public mental health system in Baltimore City. BMHS funds a range of services including:

- Outpatient clinics
- Case management services
- Community rehabilitation programs
- Psychiatric residential programs
- Psychiatric crisis service
- Psychiatric emergency room services in several major hospitals
- Two Safe Havens for homeless people and who have persistent mental illness.

Service Providers: Johns Hopkins Community Psychiatry, University of Maryland Community Psychiatry, North Baltimore Community Mental Health Center, Baltimore Crisis Response Inc., Health Care for the Homeless, Inc., Bon Secours Community Psychiatry.

AIDS related services: BHS administers the Housing Opportunities for Persons With AIDS (HOPWA) program for the Baltimore Eligible Metropolitan Statistical Area (EMA). Baltimore City has targeted homeless and those at risk of homelessness as the priority for funding programs under HOPWA, thereby augmenting resources to the City's most vulnerable population.

- The "At The Door" Project funded through a HOPWA Special Project of National Significance (SPNS) grant helps transition newly released prisoners with HIV/AIDS by providing transitional housing and intensive counseling services to ex-offenders.
- The "Back to Basics" program funded through a HOPWA SPNS serves families who are newly diagnosed or newly disclosing. Over half of these clients are housed and many of the services they receive are aimed at keeping them housed. The other clients are homeless or unstably housed and are seeking housing resources. Back to Basics aims to assist these families with all of their immediate needs so they are free to deal with their HIV status.

- The “Housing & Health Study” is the latest SPNS grant awarded to the City. The Housing and Health Study is a partnership between the HUD and the Centers for Disease Control and Prevention. The goal is to examine the link between housing and improved health for people who are homeless (or those at imminent risk of homelessness) and who are HIV+. Half of the study participants will be assisted with a housing voucher. The other half of the participants will be given normal and customary care with regard to their housing. The study will run for 18 months.

Health Care: Currently there are four (4) City Health clinics that provide health-related services to people who are poor and who may be homeless. The Men’s Health Center, a free primary health care clinic for uninsured, underinsured and homeless men is also operated by the Baltimore City Health Department. Health Care for the Homeless Inc. (HCH) provides primary health care services including:

- Primary medical care
- Psychiatric services including mental health counseling
- Case management
- Outpatient addiction services
- Access to specialty care, laboratory services and inpatient hospital care
- 22-bed convalescent care program that targets individuals who need 24-hour bedrest to recover from illness, injury and/or surgery.

Service Providers: Baltimore City Health Dept., Health Care for the Homeless, Inc.

Education: Baltimore City developed a policy that allows homeless children to remain enrolled in their home schools. The Baltimore Public School System provides transportation to these children from family shelters to individual schools. Shelters notify the school system of eligible children residing in the shelter. This ensures consistency and stability in the child’s education and avoids the stigma of being homeless. St. Vincent/New Horizons Camp operates a summer camp for homeless children living in shelters. The camp operates 5 days a week from 9 a.m. to 3 p.m. and provides transportation, meals, educational, life skills, and recreational activities from late June through late August.

Service Providers: St. Vincent de Paul, Baltimore City Schools

Employment Assistance: With the support of the Office of Employment Development (OED), the Workforce Investment Board (WIB) and through grants from the Department of Labor, job training and placement programs are expanding throughout Baltimore City. The challenge is to create job-training programs to match the job market. Six career centers operated by OED offer:

- GED courses
- Job search and communication workshops
- Targeted services to individuals released from jail
- Computer-based training
- Transportation to jobs outside the City
- Extended childcare facilities and non-traditional work schedule and sick-child care programs
- Catholic Charities (CC) operates the Christopher Place Employment Academy that runs a job training and placement program for homeless men. CC also operates the St. Jude’s Employment Center, which provides employment and supportive services to poor, homeless and disadvantaged men and women.

- Moveable Feast, formerly Maryland Community Kitchen, established a van service called People On The Move (POTM) to transport homeless individuals from shelter to services. This consumer-run program is also a job-training program for individuals who are HIV+, a group of individuals at risk of homelessness who have the opportunity to return to work.
- Jobs, Housing and Recovery (JHR) provides housing along with a substance abuse recovery program for homeless men. The men are offered the opportunity to work in the JHR extermination business or food service business.

Service Providers: Catholic Charities, Moveable Feast, Jobs, Housing and Recovery Inc.

Child Care: Families in shelters can access childcare vouchers through the Department of Social Services, enroll children in after school programs, or obtain baby-sitting services at some family outreach centers while the parent is accessing on-site services. Other specialized programs are:

- **Parents And Children Together (PACT):** specialized childcare provided for children ages six weeks to six years old. Children are picked up from individual shelter locations, provided with individual assessments, referrals and age related activities. Parents are closely involved in the program. PACT has a collaborative relationship with the Head Start program, works closely with other community based children's programs and is managed by the Kennedy Krieger Institute. The YWCA provides food and space for the PACT program free of charge at their facility.
- **Dayspring:** For single mothers who are in addiction treatment programs, Dayspring provides 24-hour respite care for children for up to 30 days.
- **Summer Camps:** During the summer when schools are closed, the New Horizons summer camp program and the Salvation Army's Boys and Girls clubs have been a vital resource to homeless families.

Service Providers: As delineated above.

Transportation: Several options are available including:

Van services: Transports clients to and from job interviews and training, medical appointments and other relevant services that are necessary to stabilize clients and move them to self-sufficiency. People On The Move (POTM) van service transports homeless individuals from shelter to services program. The program is designed as a case management enhancement that physically connects clients to needed services with 2,000 linkages made each month to shelters, health facilities, community mental health centers and other social services.

Bus and subway tokens: Provided to clients to enable them access to transportation to and from medical appointments, job training and employment programs. Bus fare is also provided to those individuals who wish to move to other communities where they have family ties and social support.

Service Providers: I Can, Inc., Marian House, St. Vincent de Paul, Project PLASE, DSS, MCVETS, Health Care for the Homeless, Moveable Feast and Christopher Place.

Legal: Services include:

- Eviction prevention
- Employment issues with labor pools or other day worker arrangement
- Assistance with obtaining child support, alimony or other monetary awards as a result of family law proceedings
- Resolving custody issues

- Tenant advocacy program
- Legal protection from domestic violence from the court
- Assistance to obtain child care subsidies and welfare avoidance grants
- Addressing unlawful discrimination in obtaining or maintaining housing because of disability, gender, race, national origin or religion.

Service Providers: Homeless Persons Representation Project, Public Justice Center

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System -- Housing Activity Chart													
Component: Emergency Shelter													
<input type="checkbox"/> Provider Name	Facility Name	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds		
		Part. Code	Number of Year-Round Beds		A	B	Family Units	Family Beds	Indiv. Beds	Total Year-Round	Seasonal	Overflow/Voucher	
Current Inventory			Ind	Fam.									
American Rescue Workers	Overnight Shelter	A	30	0	240066	SM				30	30		20
Baltimore Rescue Mission	Overnight Shelter	Z	0	0		SM				180	180		
Baltimore City Department Social Services	Adult Foster Care	N	0	0		SMF				2	2		
Baltimore City Department Social Services	Motel Program	S	0	256		FC			256		256		
Brown's Community Outreach	Emergency Shelter	A	35	20		M			20	35	55		20
City Temple	Winter Shelter	N	0	0		SF						20	
Code Blue	Winter Shelter	N	0	0		M						295	
Fellowship of Lights	Emergency Shelter	N	0	0		YMF				19	19		
St. John's Heart's Place	Winter Shelter	N	0	0		M						25	
Helping Up Mission	Overnight Shelter	S	50	0		SM				50	50		
House of Ruth	Emergency Shelter	A	30	15		M	DV	4	15	30	45		
I CAN, Inc.-Greenmount	Overnight Shelter	A	42	0		SM				42	42		12
I CAN, Inc.	Convalescent Care	A	12	0		SM				12	12		
Karis House	Karis House	N	0	0		M			20	18	38		2
Joseph P. Richey	Hospice program	N	0	0		SMF	AI DS			20	20		

MD Center For Veterans Education and Training	Emergency Shelter	A	50	0		SM	VET			50	50		
MD Center For Veterans Education and Training	Winter Shelter	A	0	0		SM	VET					20	
Prisoners Aid Association of Maryland, Inc.	Emergency Shelter	A	16	0		SM				16	16		2
Project P.L.A.S.E.	Emergency Shelter	A	50	0		SMF				50	50		
Salvation Army	Booth House	A	5	42		SMF		16	42	5	47		
YWCA of the Greater Baltimore Area, Inc.	Christ Lutheran	A	27	13		M			13	27	40		
YWCA of the Greater Baltimore Area, Inc.	Corner House	A	44	19		M			19	44	63		
YWCA of the Greater Baltimore Area, Inc.	Convalescent Care	N	0	0		SF				10	10		
	TOTALS		391	365		TOTALS		20	385	640	1025	360	56

Under Development												
Anticipated Occupancy Date												
Aunt CC's Place	Emergency Shelter	Spring 2005				YM				19	19	
						TOTALS	0	0	19	19	0	0

Unmet Need	TOTALS	15	45	50	95	
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1. Total Year-Round Individual ES Beds	640
2. Year-Round Individual ES Beds in HMIS	391
3. HMIS Coverage Individual ES Beds	61%

(Divide line 2 by line 1 and multiply by 100. Round to whole number.)

4. Total Year-Round Family ES Beds	385
5. Family ES Beds in HMIS	365
6. HMIS Coverage Family ES Beds	95 %

(Divide line 5 by line 4 and multiply by 100. Round to whole number.)

Transitional Housing

<div><input type="checkbox"/></div> Provider Name	Facility Name	HMIS				Target Pop.		2005 Year-Round Units/Beds			
		Part. Code	# Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round
Current Inventory			Ind.	Fam.							
American Rescue Workers	Transitional Housing	A	30	0	240066	SM				30	30
Associated Catholic Charities	Christopher Place Employment Academy	S	55	0		SM				55	55
Associated Catholic Charities	My Sister's Place Lodge	S	29	0		SF				29	29
Associated Catholic Charities	Project F.R.E.S.H. Start	S	0	79		FC		37	79		79
At Jacob’s Well	Transitional Housing	A	22	0		SMF				22	22
BMHS/Safe Haven	Safe Haven	S	20	0		SMF				20	20
BMHS/Ethel Elan Safe Haven	Safe Haven II	A	19	0		SMF				20	20
Bright Hope House	Transitional Housing	N	0	0		SM				32	32
Courage to Change	Transitional Housing	N	0	0		SMF				82	82
Dayspring Programs, Inc.	Dayspring Village	S	0	63		FC		18	63		63
Helping Up Mission	Transitional Housing	S	50	0		SM				50	50
House of Ruth	Transitional Housing	N	0	0		M	DV			16	16
I Can, Inc.	Transitional Housing	A	58	0		SM				58	58
Jobs, Housing, and Recovery/Carrington	Transitional Housing	A	29	0		SM				29	29
Jobs, Housing, and Recovery	Light Street (Scattered Sites)	A	15	0		SM				15	15
Marian House	Transitional Housing	A	44	11		M		4	11	44	55

Transitional Housing

<div><input type="checkbox"/></div> Provider Name	Facility Name	HMIS				Target Pop.		2005 Year-Round Units/Beds			
		Part. Code	# Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round
Current Inventory			Ind.	Fam.							
MD Center For Veterans Education and Training	Transitional Housing	A	120	0		SM	VET			120	120
Patrick Allison	Transitional Housing	A	8	0		SM				8	8
Prisoners Aid Association of Maryland, Inc.	Transitional Shelter	A	16	0		SM				16	16
Project P.L.A.S.E. Inc.	Transitional Housing	A	12	0		SM F				12	12
Salvation Army	SAIL	S	0	19		FC		6	19		19
Seton Station	Transitional Housing	A	25	0		SM				25	25
South Baltimore Homeless Shelter	Transitional Housing	A	50	0		SM				50	50
St. Vincent de Paul	Cottage Ave. Community	S	0	59		FC		15	59		59
St. Vincent de Paul	Frederick Ozanam House	S	20	0		SM				20	20
20th Street Hope House	Transitional Housing	N	0	0		M		1	3	34	37
United Ministries	Earl's Place	A	17	0		SM				17	17
Volunteers of America	Pratt House	N	0	0		FC		35	136		136
YES House, LTD	Transitional Housing	N	0	0		SF				5	5

Transitional Housing

<div><input type="checkbox"/></div> Provider Name	Facility Name	HMIS				Target Pop.		2005 Year-Round Units/Beds			
		Part. Code	# Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round
Current Inventory			Ind.	Fam.							
YMCA of Central Maryland	Geraldine Young Center	S	0	40		FC		12	40		40
YWCA of the Greater Baltimore Area, Inc.	Druid Heights Trans. Apts.	A	0	75		FC		23	75		75
YWCA of the Greater Baltimore Area, Inc.	Rutland	A	0	135		FC		36	135		135
	TOTALS		639	481		TOTALS		187	620	809	1429

Under Development		Anticipated Occupancy Date									
AIRS	Youth Resource Center					M				32	32
						TOTALS		0	0	32	32

Unmet Need	TOTALS	0	0	0	0
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1. Total Year-Round Individual TH Beds	809
2. Individual TH Beds in HMIS	639
3. HMIS Coverage Individual TH Beds	79%

(Divide line 2 by line 1 and multiply by 100. Round to whole number.)

4. Total Year-Round Family TH Beds 620
5. Family TH Beds in HMIS 481
6. HMIS Coverage Family TH Beds 78 %
(Divide line 5 by line 4 and multiply by 100. Round to whole number.)

Permanent Supportive Housing: Shelter Plus Care

<input type="checkbox"/> Provider Name	Facility Name	HMIS		Geo Code	Target Pop		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round		A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds	
Current Inventory		Ind.	Fam.								
A.I.R.S., Inc.	A.I.R.S., Inc.	A	75	39	240066	M	AIDS	16	39	75 / 75	114
At Jacobs' Well	At Jacobs' Well	A	10	0		SMF				10 / 10	10
B.M.H.S., Inc.	B.M.H.S., Inc.	A	144	50		M		17	50	144/ 144	194
Dayspring Programs, Inc.	Dayspring Programs, Inc.	S	0	163		M		63	163		163
Family and Children's Services	Family & Children's Services	S	0	36		FC	AIDS	16	36		36
H.E.R.O., Inc.	H.E.R.O., Inc.	A	21	10		SMF	AIDS	4	10	21 / 21	31
Heal, Inc.	Heal, Inc.	A	0	18		FC		6	18		18
Marian House	Marian House	N	0	0		FC		16	21		21
Mr. Calvary Ministries, Inc.	Mt. Calvary Ministries, Inc.	S	5	0		M				8/8	8
Prisoners Aid Association of MD	Prisoners Aid Association of MD	A	109	0		SMF				109/109	109
Project P.L.A.S.E., Inc.	Project P.L.A.S.E., Inc.	N	0	0		SMF	AIDS			109/109	109
St. Ambrose Housing Aid Center	St. Ambrose Housing Aid Center	S	10	0		SMF				10/10	10
Women's Housing Coalition	Susanna Wesley House	N	0	0		FC		9	21		21
Women's Housing Coalition	Women's Housing Coalition	N	0	0		M		11	20	6/6	26
Women Accepting Responsibility	Scattered Sites	S	0	12		F	AIDS	4	12		12
	TOTALS		374	328		TOTALS		162	390	492/ 492CH	882

Permanent Housing Shelter Plus Care

Under Development		Anticipated Occupancy Date											
				TOTALS		0	0	0	0				
Unmet Need				TOTALS		8	25	100/100 CH	125				
1. Total Year-Round Individual PSH Beds			492		<table><tr><td>4. Total Year-Round Family PSH Beds 390</td></tr><tr><td>5. Family PSH Beds in HMIS 328</td></tr><tr><td>6. HMIS Coverage Family PSH Beds 84%</td></tr><tr><td>(Divide line 5 by line 4 and multiply by 100. Round to whole number.)</td></tr></table>					4. Total Year-Round Family PSH Beds 390	5. Family PSH Beds in HMIS 328	6. HMIS Coverage Family PSH Beds 84%	(Divide line 5 by line 4 and multiply by 100. Round to whole number.)
4. Total Year-Round Family PSH Beds 390													
5. Family PSH Beds in HMIS 328													
6. HMIS Coverage Family PSH Beds 84%													
(Divide line 5 by line 4 and multiply by 100. Round to whole number.)													
2. Individual PSH Beds in HMIS			374										
3. HMIS Coverage Individual PSH Beds			76%										
(Divide line 2 by line 1 and multiply by 100. Round to whole number.)													

Permanent Supportive Housing – HOPWA (Housing Opportunities for Persons With Aids)

<div><input type="checkbox"/></div> Provider Name	Facility Name	HMIS			Target Pop.		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round		A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds	
				Geo Code							
Current Inventory			Ind.	Fam.							
HOPWA Scattered Site Units		N	0	0	240066	M	AIDS	208	589	320	909
	TOTALS		0	0		TOTALS		208	589	320/CH	909

Fundamental Components in CoC System -- Housing Activity Chart

Permanent Supportive Housing – Single Room Occupancy (SRO)

<input type="checkbox"/> Provider Name	Facility Name	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round		A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds	
Current Inventory				Ind.	Fam.						
Associated Catholic Charities	Holden Hall	N	0	0	240066	SM				14	14
Govans Ecumenical Dev. Corp.	Harford House and Micah House	N	0	0		SM				59	59
Maryland Center for Veteran Education and Training	MCVET	A	80	0		SM	VET			80	80
Project P.L.A.S.E., Inc.	Project P.L.A.S.E., Inc.	N	0	0		SMF				10 / 10	10
Volunteers of America	Paca House	N	0	0		SM				106	106
Women's Housing Coalition	Bennett House	S	24	0		SF				24	24
Women's Housing Coalition	Calverton House	S	14	0		SF				14	14
	TOTALS		118	0		TOTALS	0		0	307/CH	307
Under Development											
Anticipated Occupancy Date											
Newborn Holistic Ministries	Martha's Place	Fall 2005				SF				4	4
						TOTALS	0 0			4	4
Unmet Need						TOTALS	0 0			100/100 CH	100

1. Total Year-Round Individual PSH Beds	307	4. Total Year-Round Family PSH Beds	0
2. Individual PSH Beds in HMIS	118	5. Family PSH Beds in HMIS	0
3. HMIS Coverage Individual PSH Beds	38%	6. HMIS Coverage Family PSH Beds	100 %

(Divide line 2 by line 1 and multiply by 100. Round to whole number.)

(Divide line 5 by line 4 and multiply by 100. Round to whole number.)

Fundamental Components in CoC System -- Housing Activity Chart

Permanent Supportive Housing – Scattered Site Permanent Housing

<div><input type="checkbox"/></div> Provider Name	Facility Name	HMIS			Target Pop.		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round		A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds	
					Geo Code						
Current Inventory			Ind.	Fam.							
AIRS Permanent Housing	A.I.R.S., Inc.	A	8	0	240066	YMF				8	8
Associated Catholic Charities	Christopher Place Perm.	S	15	0		SM				15	15
Associated Catholic Charities	Project Reach/Fresh Start	N	0	0		FC		5	15		15
Associated Catholic Charities	Project Reach/Chris. Pl	S	10	0		SM				10	10
Jobs, Housing and Recovery	Light Street (Scattered sites)	A	23	0		SM				23	23
Project P.L.A.S.E., Inc.	Project P.L.A.S.E., Inc.	N	0	0		SMF				38/38	38
	TOTALS		56	0		TOTALS		5	15	94/CH	109

Under Development		Anticipated Occupancy Date							
YWCA	YWCA	Summer 2005		FC		13	38	15	53
Catholic Charities	Catholic Charities			M,F,C		4	10	20 / 1 CH	31
				TOTALS		17	48	36	84
Unmet Need				TOTALS				200/200 CH	200

1. Total Year-Round Individual PSH Beds	94
2. Individual PSH Beds in HMIS	56
3. HMIS Coverage Individual PSH Beds	60%

(Divide line 2 by line 1 and multiply by 100. Round to whole number.)

4. Total Year-Round Family PSH Beds	15
5. Family PSH Beds in HMIS	0
6. HMIS Coverage Family PSH Beds	0%

(Divide line 5 by line 4 and multiply by 100. Round to whole number.)

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? ☒ Yes ☐ No

Have you notified CoC members of this initiative? ☒ Yes ☐ No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 10%*

*BHS is disseminating its first Request for Proposals for Capital Projects to homeless service providers, developers and the wider community and incorporating Energy Star standards. The use of Energy Star material and practices, as well as buildings constructed to Energy Star standards, will receive additional points in the objective review process.

Form HUD 40076 CoC-H

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	618 (S)	1000 (S)	464 (S)	2082 (S)
2. Homeless Families with Children	76(S)	154 (S)	40 (S)	270 (S)
2a. Persons in Homeless Families with Children	245 (S)	458 (S)	119 (S)	822(S)
Total (lines 1 + 2a only)	863 (N)	1458 (N)	583(N)	2904(N)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	294 (S)		99 (S)	393(S)
2. Severely Mentally Ill	871 (S)		*	
3. Chronic Substance Abuse	1452 (S)		*	
4. Veterans	689 (S)		*	
5. Persons with HIV/AIDS	348 (S)		*	
6. Victims of Domestic Violence	223(S)		*	
7. Youth (Under 18 years of age)	15 (N)		*	

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* Optional for Unsheltered

Exhibit 1: Continuum of Care Information Collection Methods Instructions

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart and Homeless Population/Subpopulations Charts

1. Housing Activity Chart. (a) Describe your community's methods for conducting an annual update of the current housing inventory in place and under development contained in the 2005 CoC competition, including the definition your community used for emergency shelter and transitional housing.

Method to determine current housing inventory: HMIS and the monthly *HomelessStat* statistical reports provide data on an ongoing basis of the housing inventory in the CoC. A phone survey is also done annually to obtain information from the providers who are not updating the HMIS regularly or from those currently not in the HMIS system, e.g. Missions. We are working to improve the performance of providers in using the HMIS by providing ongoing training on the HMIS system, by creating functionality to retrieve monthly reports for *HomelessStat* easily thereby producing an incentive for providers to use the HMIS, and by closely monitoring compliance in the system. The units reported as under development are currently identified for funding through previous SHP grants or other State, local, or private funding sources.

Our community's definitions for emergency and transitional shelters are:

- **Emergency Shelters** provide sleeping accommodations as well as entry-level supportive services which may include intake, crisis intervention counseling, individualized case plans, housing counseling, mainstream resource eligibility determination, and other information and referrals. Shelters may be open 24 hours or may have evening only hours. Some offer accommodations for up to 90 days, while others serve as overnight shelters only. They typically include an evening meal service, laundry and shower facilities. Drop-In Centers complement evening-only shelters.
- **Transitional Housing** provides housing and services for up to 24 months and is designed to address the special needs of a designated client group and to ensure residential stability, increase employment skill levels and/or income, and foster greater self-determination. Transitional services may include access to housing counseling and relocation, life-skills training, job readiness, job training and employment assistance, accessing mainstream resources, child care services, transportation, legal services, literacy services, and substance abuse treatment.

2. Unmet Housing Needs. (a) Briefly describe the basis for CoC's determination for the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing.

The methods used to determine our community's unmet need for emergency shelter, transitional housing, and permanent supportive housing are described briefly below.

- **Facility utilization data:** From January through April 2005, emergency, transitional and permanent housing providers averaged a 90% utilization rate. The utilization rate will fluctuate if the facility is undergoing repairs and construction. For instance, some transitional housing programs report that it may take a week to place a new family in their facility.
- **Census Data:** From the 2005 Census, 583 people were unsheltered with 119 of these persons in homeless families with children. **Lack of affordable housing was the number one unmet need of the people surveyed both in the 2003 (62.6%) and 2005 (64.4%) homeless census.** In the winter months, on nights when conditions become life threatening, Baltimore City opens additional emergency shelter space that sheltered an average of 170 people per night this year.
- **2004 Annual Report on Homelessness Services in Maryland:** In FY2004, Baltimore City documented providing shelter to 16,475 homeless individuals over the course of one year (43% of

the state total) and turning away individuals on 19,344 occasions.³ The rate of duplication in these two figures is unknown; however, one can conclude that individuals were turned away from shelters more often than shelter was provided.

- **Baltimore City Department of Social Services:** The Homeless Services Unit of the Department of Social Services reports an increase from 20% to 33% in the number of women and children requesting assistance this year.
- **HOPWA and Shelter Plus Care waiting lists:** There are 519 people on the **HOPWA** waiting list, 50% of whom are homeless (**259 people**). Providers report that **133 chronically homeless individuals and five families** are on the waiting list for **Shelter Plus Care**.

This year, we compared all of this data to our current inventory and programs under development to estimate this year's unmet need. Specifically, we added the current inventory, under development, and unmet need/gap reported in the 2004 CoC application and subtracted this total from the current inventory and programs under development reported in the 2005 CoC application. The remaining amount indicates our current unmet need for this year in the Housing Activity Chart

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

(a & b) Describe CoC's methods for data collection to complete "sheltered" and "unsheltered" portion of Part 1 and 2 based upon point-in-time study in last week of January 2005. Indicate if CoC does annual shelter counts. Describe plans for sheltered count, January 2007.

A Point in Time (PIT) survey was conducted of both sheltered and unsheltered homeless people on Sunday January 30th. Since the PIT survey encompassed both sheltered and unsheltered homeless persons, we are **presenting the information for 3(a) and 3(b) below in one narrative** to communicate the methodology in a logical way.

The **PIT survey** date was originally scheduled for Sunday January 23, 2005, but due to inclement weather, it was postponed to the following Sunday, January 30th. Sunday was selected to take advantage of the extra service locations open for homeless people, e.g. dinner provided by local church groups. With fewer people downtown and businesses closed, the hope was that homeless people would be easier to identify and in greater numbers during the evening and night hours. The back-up date of Sunday January 30, 2005 was used because of inclement weather on January 23, 2005. BHS secured funding from the Abell Foundation, a local foundation, to support the census effort.

HUD provided training to the planning staff from Baltimore Homeless Services and the Center for Poverty Solutions on December 16, 2004. The Center for Poverty Solutions sponsored three training sessions before the census date, and attendance in one of them was mandatory for all volunteers who participated. The training focused on safety, homeless definitions, survey techniques, and use of the survey tool.

A diverse mix of staff and over 100 volunteers was recruited to assist with the census and 11 homeless individuals were hired to conduct the street census. The planning team used the two questionnaires from the 2003 census in order to track trends over time. One survey was administered to people who were homeless and found on the street, and the other survey was used in emergency or transitional shelters. Participation in the survey was completely voluntary, and if the individual declined to participate, the

³ These are documented turn-aways. Estimates of actual turn-aways are assumed to be much higher.

census volunteer documented the location of the individual and the time the individual was counted to be included on a census tally sheet.

To reduce the chance of counting someone twice, unique identifiers were created for each survey. In addition, the first question on both surveys was “Have you participated in the homeless survey today?” If the person answered yes, they were not surveyed nor were they entered into the count. Any dependent children accompanying the individual surveyed were also counted. All surveys were then analyzed using a statistical process to determine what significant findings could be determined from the information gathered.

Shelter Count: The shelter count started at 10:00 AM and ended at 10:00 PM. Shelter data reported in this analysis includes all homeless shelters, both emergency and transitional, open to homeless persons within the geographic confines of Baltimore City, whether publicly or privately funded. This does not, however, include private homes where homeless people may congregate or stay overnight. Data was compiled from HMIS via a Gaps Analysis from MISI and a phone survey of each provider was conducted to confirm their actual census numbers on the night of January 30, 2005. We found that providers reported 2,321 homeless people sheltered on the night of our PIT.

Street Count: The street count started at 6:30 AM and ended at 10:00 PM with the final count of 583. Teams used a service-based approach, focusing volunteer efforts on those service delivery locations where homeless individuals are known to congregate during the daytime hours, and then targeted other street areas known to have higher concentrations of homeless individuals during the evening hours. If the tally occurred on the street after 6:00pm (when the shelters are closing their intake for the evening) then the person was counted as towards our street homeless number. After 6:00 PM, census-workers also counted, as homeless, any person who was sleeping on the street or other non-sheltered area (e.g., park bench, car, alley, encampment, etc.) and was carrying their belongings or otherwise obviously spending the night without shelter.

Numbers reported for Exhibit 1, Part 1 and 2 are based on actual counts. The totals in Part 1 are the number of homeless individuals in emergency shelters (863) and transitional housing (1458). The number of individuals on the street is based on those found the day of the PIT survey that were living in a place not meant for human habitation. These total **2904 unique homeless individuals in Baltimore City on January 30, 2005.**

The day of the census unfortunately came with a number of challenges. The weather on the delayed date of January 30th was also inclement, with snow and sleet accumulating from the day before and temperatures approaching freezing. However, these conditions were not severe enough to trigger a “Code Blue” condition, which would have opened additional shelter space and provided transportation for individuals needing to access this special emergency overnight shelter. This combination of factors resulted in fewer volunteers than expected, and forced those living on the street to withdraw to hard-to-find places. Due to safety constraints, census volunteers did not enter abandoned buildings or other dwellings, places where a number of homeless individuals were likely staying. The limited number of volunteers also resulted in fewer shelter visits, which contributed to a lower-than-anticipated number of completed surveys.

Recommendations for Next Census: This annual PIT count was the second census count since the first one conducted in April 2003. The **next planned census is in 2007** for the CoC. The Baltimore CoC **will do an annual shelter count of people who are homeless in January 2006.** The next unsheltered count

will be incorporated with a shelter count in the 2007 Point in Time (PIT) survey incorporating the following recommendations:

- Implement the HMIS used in emergency and transitional shelters in a way that allows shelter providers to input real-time data associated with the survey instrument.
- Choose a representative sample of providers so that census efforts can be concentrated in fewer physical locations and the results will not include inadvertent over-sampling of some sub-populations (e.g., veterans) and exclude other sub-populations (e.g., youth).
- Ensure that pre-census trainings strongly emphasize the importance of filling out the questionnaires completely and accurately so that all data segments are complete.
- Use a survey tool that aligns with national data trends/literature (e.g., the SF-12), includes questions related to prior institutionalization and discharge planning, and establishes the number of individuals who have had a prior episode of homelessness within the past year.

Data from the Census report is disseminated to providers, community members, elected officials and public and private partners by the publication of the results “Baltimore City 2005 Census: The Picture of Homelessness” in June 2005.

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

Please complete the information below. Your response to this item will not count towards your 30-page limitation.

This section should be completed in conjunction with the lead agency/organization responsible for HMIS implementation. Note: all information requested in questions 1 through 3 should apply only to the Continuum of Care as defined in Exhibit One, even if your CoC is part of a multi-CoC implementation.

For questions 1, 2 and 3, please provide information related to the CoC as defined in Exhibit One only, even if the CoC is part of a multi-CoC HMIS implementation

1. HMIS
implement

ation:

a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy):

March 1994

If not yet planning, please select a reason:

- ☐ New CoC in 2005
- ☐ Lack of funding for planning
- ☐ Other _____

Data Collection Start Date:

August 2000

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		12/2005
Transitional Housing	5/2005	
Permanent Supportive Housing (McKinney-Vento funded units)		12/2005
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	7	88%
Other non-housing programs participating in HMIS	12	57%

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- b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

Since 2004, Baltimore has made the following progress in implementing HMIS in the CoC:

- **Increased the bed coverage:** Transitional housing bed coverage for individuals increased from 61% in 2004 to 79% in 2005. **Permanent housing for individuals increased from 9% in 2004 to 62% in 2005 with families increasing from 5% in 2004 to 81% in 2005.** Over the past year, we have engaged providers to participate who are serving the medically fragile, the chronically mentally ill, victims of domestic violence, and persons with HIV/AIDS.
- **Increased the number of Drop In Centers in HMIS:** The majority of the City's Drop-In Centers and Multi-Service Centers have become active contributors of client data, giving BHS important information about the size, characteristics and primary needs of its chronically homeless population.
- **Conducting weekly training sessions:** Every Friday morning training sessions are held by program type, which gives providers opportunities to ask questions and discuss issues regarding data quality. New staff members in provider agencies attend which assists them in learning the HMIS quickly.
- **Instituted quarterly HMIS User Work Group meetings:** Quarterly meetings provide a forum for the end users to discuss HMIS policies and procedures, propose improvements to the system and make recommendations to increase its functionality.

- c. Describe any challenges and/or barriers the CoC has experienced implementing the HMIS since July 2004.

The challenges to implementing the HMIS are mainly related to a lack of resources within individual provider organizations and include:

- Lack of funding for data entry personnel
 - Securing funding to maintain and purchase updated hardware
 - Entering data into multiple databases secondary to various funders and programs
 - Staff turnover with outcome of slow data entry and report capability for periods of time
- An ongoing challenge for BHS is engaging the Missions that provide emergency shelter in our community to participate in our HMIS.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.

In order to address the requirements defined in the HMIS Data and Technical Standards Final Notice, Baltimore developed a **three-phase implementation strategy**. The **first phase** focused on modifying the HMIS software to incorporate the Universal Data Elements and Program Level Data Elements as required. These modifications were completed in October 2004. With the implementation of the new data standards the focus of training for HMIS participants in Baltimore City shifted to incorporate the new data collection protocols.

The **second phase** addressed enhancing the existing security controls of the HMIS software to meet the Application Security requirements of the Final Notice. This phase was also completed in October 2004. Finally, the **third phase** involved conducting an onsite review of each Covered Homeless Organization (CHO) to ensure appropriate safeguards related to the Security and Privacy

Standards were in effect. The reviews consist of ensuring the appropriate anti virus software and firewall protections are installed for every workstation. Also, when necessary, individual usernames and passwords are being changed to meet the specifications of the Security Standards. This review process is still underway, with a projected completion date of August 2005.

Monitoring and compliance to the standards will be included in Baltimore Homeless Services program monitoring process, which is done in at least two (2) site visits per program year. To further address the requirements of privacy and security standards, a policy committee is in the process of establishing policy and a procedure to ensure the privacy and security of personal information collected and stored in the HMIS. Policies will include directions to CHO agency to have posted privacy notices and a privacy policy for consumers. Providers will also receive written directions regarding appropriate hard copy data protections and instructions for ensuring the physical security of HMIS workstations

3. Counting Procedures

- a. Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.

The Continuum's strategy for ensuring an unduplicated count of clients relies on prevention and detection. On the front end the goal is to prevent the creation of duplicate client records. In HMIS training, users are instructed to carefully search the database for a specific client's file prior to creating a new file for a client. Users are expected to search the database twice. The first search is based on social security number. If that search is unsuccessful, a second search based on a combination of last name and first name should be performed. Users are taught to review the detail information (birth date, family size, etc.) of clients with similar names (Bill Jones and William Jones) to determine if a match exists. If either search finds an existing record for a specified client, the record is updated with new service information. If a social security number is determined to be inaccurate, it is corrected. If there is not an existing record, a new record can be created. **The HMIS will not allow there to be two client records with the same social security number.**

On the back end, after data entry has occurred, considerable effort is devoted to detecting duplicate records. A series of sophisticated auditing tools were developed and are run against the database on a periodic basis. The result is a progression of seven audit reports that use different combinations of identifying characteristics to identify potential duplicates within the HMIS. When appropriate, duplicate client records identified through the audit process are combined to create a single file.

The seven reports are:

1. Identical Full Name and Date of Birth, Different SSN
2. Identical Date of Birth and Last Name, Different First Name
3. Identical Date of Birth, Last Name, First Name, Different Middle Initial
4. Identical Full Name, Date of Birth with Same Month and Day, Different Year
5. Identical Full Name, Date of Birth with Same Month, Year but Different Day
6. Identical Full Name, Date of Birth with Same Day and Year, Different Month
7. Identical Full Name, 6 of 9 Matching Numbers in SSN, Different Date of Birth

- b. List the total number of duplicated and unduplicated client records entered during 2004 by all

providers within the CoC. No info

Total Duplicated Client Records Entered in 2004: 21,217

Total Unduplicated Client Records Entered in 2004: 13,762

For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.

4. HMIS Lead Organization Information: no info

Organization Name: Baltimore Homeless Services, Inc
Contact Person: Laura M. Gillis, President/CEO
Phone: 410 396-3757
Email: laura.gillis@baltimorecity.gov

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov/).

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
City of Baltimore	MD04-501		

Exhibit 1: Continuum of Care – Project Priorities Chart

(This entire chart will count as only one page towards the 30-page limitation)

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP	SHP	S+C	S+C	SRO
						New	Renew	New	Renew	New
Baltimore City	St Vincent de Paul Society of Baltimore, Inc.	Samaritan Initiative	1	\$1,187,377	3 yrs	PH				
Baltimore City	AIDS Interfaith Residential Services, Inc.	Youth Permanent Housing	2	\$147,341	1 yr		PH			
Baltimore City	Govans Ecumenical Development Corp.	Mica & Harford House	3	\$102,062	1 yr		PH			
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing & Services for the medically Fragile	4	\$74,002	1 yr		PH			
Baltimore City	AIDS Interfaith Residential Services, Inc.	AIRS Permanent Housing Program	5	\$38,995	1 yr		PH			
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing	6	\$117,066	1 yr		PH			
Baltimore City	Jobs, Housing & Recovery, Inc.	Permanent Housing	7	\$100,044	1 yr		PH			
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing for Persons with Disabilities	8	\$118,836	1 yr		PH			
Baltimore City	AIDS Interfaith Residential Services, Inc.	Permanent Housing Program	9	\$146,044	1 yr		PH			
Baltimore City	St. Ambrose Housing Aid Center, Inc.	Supportive Permanent Housing Program	10	\$35,343	1 yr		PH			
Baltimore City	Health, Education Advocacy and Life, Inc. (HEAL)	Hagar's House	11	\$150,032	1 yr		PH			
Baltimore City	Catholic Charities, Inc.	Project Fresh Start/ Permanent Housing Project	12	\$102,606	1 yr		PH			
Baltimore City	Dayspring Programs, Inc.	Dayspring Programs SHP	13	\$291,245	1 yr		PH			
Baltimore City	Catholic Charities, Inc.	Permanent Housing Program/Project REACH	14	\$282,542	1 yr		PH			
Baltimore City	Health Education	Project HOPE	15	\$34,341	1 yr		PH			

	Resource Organization, Inc.									
Baltimore City	Women's Housing Coalition, Inc.	Susanna Wesley House	16	\$45,379	1 yr		PH			
Baltimore City	Women's Housing Coalition, Inc.	Margaret J. Bennett House SRO Apartments	17	\$67,555	1 yr		PH			
Baltimore City	Women's Housing Coalition, Inc.	Scattered Site Housing & Family Program	18	\$46,236	1 yr		PH			
Baltimore City	Women's Housing Coalition, Inc.	The Calverton Residence Project	19	\$55,860	1 yr		PH			
Baltimore City	Women Accepting Responsibility, Inc.	Women Accepting Responsibility Permanent Housing Project	20	\$50,022	1 yr		PH			
Baltimore City	At Jacob's Well, Inc.	At Jacob's Well Permanent Housing Program	21	\$23,520	1 yr		PH			
Baltimore City	Catholic Charities, Inc	Christopher Place Permanent Housing Project	22	\$274,155	1 yr		PH			
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Permanent Housing Project	23	\$114,805	1 yr		PH			
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Scattered Site Permanent Housing Project	24	\$32,984	1 yr		PH			
Baltimore City	Baltimore Homeless Services, inc.	HMIS Expansion Project	25	\$377,031	1 yr		HMIS			
Baltimore City	Baltimore City Department of Social Services-HESU	Homeless Outreach Team	26	\$166,656	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems, Inc.	SSI Project	27	\$159,600	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems	Bon Secours Project	28	\$369,600	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems	PEP Project	29	\$183,750	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems	JHH/NBC	30	\$291,270	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems	Project HOPE	31	\$251,783	1 yr		SSO			
Baltimore City	St. Vincent de Paul	Beans and	32	\$38,128	1 yr		SSO			

	Society of Baltimore	Bread Outreach Center								
Baltimore City	Manna House, Inc.	Soup Plus Drop in Center	33	\$78,750	1 yr		SSO			
Baltimore City	Mercy Medical Center, Inc.	Mercy Supportive Housing Program	34	\$335,087	1 yr		SSO			
Baltimore City	Homeless Persons Representation Project	Legal Services Project	35	\$113,462	1 yr		SSO			
Baltimore City	Baltimore Mental Health Systems, Inc.	Safe Haven II	36	\$392,200	1 yr		SH-th			
Baltimore City	Baltimore Mental Health Systems, Inc.	Safe Haven I	37	\$341,498	1 yr		SH-th			
Baltimore City	Volunteers of America Chesapeake, Inc.	Pratt Street Transitional Housing	38	\$109,032	1 yr		TH			
Baltimore City	Marian House, Inc.	Transitional Housing Project	39	\$205,926	1 yr		TH			
Baltimore City	House of Ruth Maryland, Inc.	House of Ruth Transitional Housing Project	40	\$251,745	1 yr		TH			
Baltimore City	Jobs Housing and Recovery, Inc.	Carrington House	41	\$214,026	1 yr		TH			
Baltimore City	YWCA of Greater Baltimore Area, Inc.	Rutland Transitional Project	42	\$173,250	1 yr		TH			
Baltimore City	YWCA of the Greater Baltimore Area, Inc.	Druid Heights Transitional Housing Program	43	\$164,600	1 yr		TH			
Baltimore City	The Salvation Army Baltimore	S.A.I.L.	44	\$155,548	1 yr		TH			
Baltimore City	Maryland Center for Veterans Education & Training, Inc.	MCVET Transitional Housing Project	45	\$1,421,236	1 yr		TH			
Baltimore City	Dayspring Programs, Inc.	Dayspring Village at Collington Square	46	\$308,505	1 yr		TH			
Baltimore City	Catholic Charities, Inc.	My Sister's Place Lodge	47	\$297,462	1 yr		TH			
Baltimore City	YMCA of Central Maryland, Inc.	Geraldine Young Family Life Center	48	\$252,193	1 yr		TH			
Baltimore City	Project P.L.A.S.E., Inc.	Medically Fragile Project	49	\$193,974	1 yr		TH			
Baltimore City	Catholic Charities, Inc.	Christopher Place Employment Academy	50	\$136,836	1 yr		TH			

Baltimore City	St. Vincent de Paul Society of Baltimore, Inc.	Frederick Ozanam House Transitional Housing Program	51	\$107,117	1 yr		TH			
Baltimore City	St. Vincent de Paul Society of Baltimore, Inc.	Cottage Avenue Community Project	52	\$55,348	1 yr		TH			
Baltimore City	I Can, Inc.	I Can, Inc./Transitional Housing Project	53	\$588,900	1 yr		TH			
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Female Transitional Housing Project	54	\$58,800	1 yr		TH			
Baltimore City	YWCA of the Greater Baltimore Area	Home Project	55	\$560,040	3 yrs	PH				
Baltimore City	21 st Century Communities of Baltimore City, Inc.	Permanent Housing Assistance	56	\$1,187,474	3 yrs	PH				
TOTAL SHP REQUESTED AMOUNT:				\$13,179,219						
SHELTER PLUS CARE RENEWALS										
Baltimore City	At Jacob's Well, Inc.	Permanent Housing Program	57	\$85,080	1 yr				SRA	
Baltimore City	AIDS Interfaith Residential Services, Inc.	Permanent Housing Program	58	\$255,240	1 yr				SRA	
Baltimore City	Baltimore Mental Health Systems, Inc.	Permanent Housing Program	59	\$450,924	1 yr				SRA	
Baltimore City	Dayspring Programs, Inc.	Permanent Housing Program	60	\$373,752	1 yr				SRA	
Baltimore City	Health Education Resource Organization, Inc.	Permanent Housing Program	61	\$42,540	1 yr				TRA	
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Permanent Housing Program	62	\$314,796	1 yr				SRA	
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing Program	63	\$85,080	1 yr				SRA	
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing Program	64	\$152,460	1 yr				SRA	
Baltimore City	Mt. Calvary Holy Temple Church, Inc.	Permanent Housing Program	65	\$34,032	1 yr				SRA	

Baltimore City	AIDS Interfaith Residential Services, Inc.	Permanent Housing Program	66	\$255,240	1 yr				SRA	
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing Program	67	\$297,780	1 yr				SRA	
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Permanent Housing Program	68	\$272,256	1 yr				SRA	
Baltimore City	Family & Children's Services of Central Maryland, Inc.	Permanent Housing Program	69	\$101,640	1 yr				SRA	
Baltimore City	St. Ambrose Housing Aid Center, Inc.	Permanent Housing Program	70	\$40,656	1 yr				SRA	
Baltimore City	AIDS Interfaith Residential Services, Inc.	Permanent Housing Program	71	\$263,520	1 yr				SRA	
Baltimore City	Baltimore Mental Health Systems, Inc.	Permanent Housing Program	72	\$899,484	1 yr				SRA	
Baltimore City	At Jacob's Well, Inc.	Permanent Housing Program	73	\$85,080	1 yr				SRA	
Baltimore City	Baltimore Mental Health Systems, Inc.	Permanent Housing Program	74	\$91,116	1 yr				PRA	
Baltimore City	Dayspring Programs, Inc.	Permanent Housing Program	75	\$77,328	1 yr				SRA	
Baltimore City	Health Education Resource Organization, Inc.	Permanent Housing Program	76	\$170,160	1 yr				TRA	
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Permanent Housing Program	77	\$51,108	1 yr				PRA	
Baltimore City	Project P.L.A.S.E., Inc.	Permanent Housing Program	78	\$243,192	1 yr				SRA	
Baltimore City	Women's Housing Coalition, Inc.	Permanent Housing Program	79	\$212,700	1 yr				SRA	
Baltimore City	Prisoner's Aid Association of Maryland, Inc.	Permanent Housing Program	80	\$37,344	1 yr				SRA	
**Total Shelter Plus Care Requested Amount:				\$4,892,508						

*HMIS= Homeless Management Information System; PH=permanent housing; SH-th= Safe Haven Transitional Housing; SRA=Sponsored-based Rental Assistance; SSO=Supportive Services Only; TRA=Tenant-based Rental Assistance

Continuum of Care Priorities Narrative

Having assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed
(Check all that apply):
☒ Audit ☒ APR ☒ Site Visit ☒ Monitoring Visit ☐ Client Satisfaction
- b. Describe how each **new** project proposed for funding will fill a gap in your community's Continuum of Care system.

The three new projects all fill gaps in our Continuum of Care as described below.

Samaritan Initiative: St. Vincent de Paul of Baltimore, Inc. is requesting \$1,187,377 over a 3-year period to engage **40 chronically homeless** individuals and provide them with immediate access to permanent one-bedroom scattered-site apartments. Built on the Housing First model, St. Vincent de Paul will receive referrals from the Beans and Bread Outreach Center they operate and from community providers. The project will provide housing assistance and case management services to ensure that clients remain housed and to link them to mainstream services. The client to staff ratio will be 7:1 with continuous support services that will be adapted in terms of frequency and intensity according to the individual's current needs. This project will be in keeping with HUD's overall goal of ending chronic homelessness. It will fill our unmet need of affordable housing and provide supportive housing for 40 chronically homeless individuals in Baltimore City.

YWCA of the Greater Baltimore Area, Inc.: The YWCA is requesting \$560,040 for three years for supportive services for 18 families including 50 children who are residing in permanent scattered site houses and apartments units throughout Baltimore City. The project is an intensive service based program that is divided into four stages with the outcome of job placement. Services are delivered directly by program staff and through community based programs. The goal of the program is to assist participants to raise their income to levels that can support them and their families so they can remain in permanent housing units. This project fulfills the need of **permanent housing for families** and assists them achieve residential stability, access employment opportunities thereby increasing skills and/or income, increased self-determination and links to mainstream services.

Twenty-first (21st) Century Communities of Baltimore City, Inc: 21st Century is requesting \$1,187,377 under the Samaritan Initiative to provide **35 chronically homeless individuals supportive housing** in permanent one-bedroom scattered-site apartments. A senior case manager will supervise a team of AmeriCorps VISTA members who will be responsible for creating an individual treatment plan. The triage process will be coordinated with Health Care for the Homeless to assess each resident's health care needs. The project will deploy unique approaches that focus on using relevant and meaningful content to engage clients to learn technology skills. The client to staff ratio is 7:1 to assist clients in navigating the systems. This project will fill our unmet need of affordable housing and provide supportive housing for 35 chronically homeless individuals in Baltimore City.

- c. Demonstrate how the project selection and priority placement processes for all projects were conducted *fairly and impartially*. In doing so:

(1) Specify your open solicitation efforts for projects.

When HUD released notification of the availability of funds on March 21, 2005, BHS notified the Baltimore City community by an e-mail blast to all current providers and potential providers. The availability of funds was also posted in BHS's e-newsletter, which is electronically transmitted every other Friday to all provider agencies and others interested in receiving information about homeless services. BHS maintains a comprehensive list comprised of various groups including:

- Emergency shelters
- Transitional facilities
- Permanent and permanent supportive housing programs
- Non-profit organizations
- Faith-based organizations
- Agencies and individuals who have expressed an interest in receiving information about homeless services

All parties were invited to attend an informational and Technical Assistance meeting on April 12, 2005 from 10:00 am to 1:00 pm. About 112 representatives from various organizations attended this meeting. HUD representatives reviewed the 2005 CoC application, highlighting the changes and new requirements in this year's document. BHS distributed specific information about the application process, which included threshold review criteria for both new and renewal applications. The deadline for receipt of applications to the BHS office - hard copies (one original and one copy) and an electronically transmitted copy - was Friday, April 29, 2005 at 2:00 pm.

(2) Identify the objective rating measures applied to the projects

A total of 81 applications - 4 new and 77 renewals - were received for the 2005 competition. Of these, one was determined as not having met the established threshold requirements stated at the April 29th meeting. The applicant was immediately notified in writing, with the missing requirements noted. The remaining 80 applications were forwarded to an Objective Review panel.

BHS requested that each renewal application include a one-page narrative giving a summary of the project. Applicants were advised to use questions 1-6 of the SHP application for new projects as a guide. This request was to ensure that panel members could better understand the program and thereby be objective in their rating. Each panel member reviewed and scored each application based on the following:

- Did the applicant include a project narrative and the Logic Model? - **Maximum 10 points**
- Does the applicant clearly describe the homeless population to be served and the outreach plan to bring the population into the project? - **Maximum 10 points**
- Does the applicant describe the scale of the housing where participants will reside and identify community amenities that will be readily accessible to the participants? - **Maximum 10 points**
- Does the applicant describe the supportive services the participants will receive and include key action steps to ensure that participants will be assisted with obtaining mainstream benefits? - **Maximum 15 points**
- Does the applicant indicate participation in the HMIS? - **Maximum 10 points**
- Does the applicant demonstrate the experience and capability to serve the target population and to implement the project plan? Does the applicant have outstanding McKinney Vento Act grants that have not been fully expended? - **Maximum 15 points**

- Does the applicant note existing facilities and or activities serving the homeless? Will funding replace other non-renewable funding and steps taken to secure other funding? – **Maximum 5 points**
- Has applicant completed the Beds Charts and does the information correctly reflect project participants and description? – **Maximum 5 points**
- Does the project budget demonstrate fiscal soundness and cost efficiency? – **Maximum 30 points**

The final score attributed to each application was based on the type of component noted in the document. The maximum score attributable to each type of application was as follows:

- Homeless Management Information Systems only application (40 points)
- Supportive services only application (70 points)
- Permanent supportive housing only, including Shelter Plus Care renewals) (80 points)
- Supportive housing projects that include operating budgets (85 points), and
- New applications (100 points)

(3) Demonstrate that participants on the review panel or committee are unbiased

An impartial panel comprised of 21 individuals divided into groups of 3 was established to review, rate and rank the applications. The panel members were recruited based on the following criteria:

- They had to be unbiased
- They could not be affiliated as a sponsor, subcontractor, or Board member for any proposed project, and
- They had to be knowledgeable about homeless services in order to make an effective judgment about the projects.

Individuals involved in CoCs in two surrounding jurisdictions were invited to participate and one was able to participate from Anne Arundel County Development Services. The other members of the review panel consisted of 21 individuals representing diverse groups including:

- Formerly homeless person who is also a BHS Board member
- Second Board member who is service provider and the representative of a provider advocacy coalition
- Foundation representative
- Representative from Anne Arundel County CoC
- Federal government employee
- Thirteen individuals representing various homeless services provider agencies (veterans, women and children, men, families, and persons with HIV/AIDS)
- Three local government representatives (housing, health, and substance abuse).

(4) Explain the voting system/decision making process used

The scores from the three panel members who read a set of applications was averaged and calculated in a percentage given the total points possible for each application. **The panel members voted to include all applications because of Baltimore's heavy renewal burden.** However, each panel member was asked to write comments about each application. These comments will be used by BHS to offer technical assistance to each applicant during the coming year. Of the three new applications, two met the threshold requirements for this year's bonus project. The highest scoring application was ranked first on the priority chart. The third, a permanent housing project and the second Samaritan Initiative project were both ranked second to last and last, respectively. The renewal applications were then ranked in line with Baltimore City's Housing First homeless strategy, with permanent housing projects

first, supportive services second, and transitional housing projects third. These were then ranked from highest to the lowest score within their categories and placed in the priority chart in this order.

(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects

Baltimore City receives the hold harmless pro rata need amount, however, it was decided not to reallocate funds from any project to create new projects in this application. With the transition to BHS this year and the adoption of a new homeless strategy, Housing First, it was decided not to reallocate any funding at this time. During the 10 Year Plan process this September, the CoC will be planning together on how resources will need to be reallocated to meet the premises of Housing First.

(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved.

No written complaints were received about the review process during the last 12 months.

Form HUD 40076 CoC-K page 4

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

☒ SSI ☒ SSDI ☒ TANF ☒ Medicaid ☒ Food Stamps
☒ SCHIP ☐ WIA ☒ Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by majority of CoC's homeless assistance providers:

☒ A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.

☒ The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.

☐ CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.

☐ A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.

☒ The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.

☒ CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.

☒ A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

☒ A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

☐ Other (Please describe in 1-2 sentences.)

Form HUD 40076 CoC-L

Exhibit 1: CoC Project Performance - Housing and Services

This section will assess your CoC's progress in reducing homelessness by helping clients move to permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. For each area below (e.g., permanent housing), tally information from the APR most recently submitted for the appropriate RENEWAL project(s) on the 2005 Priority Chart. Note: If you are not submitting any renewals in this year's competition for one or more of the areas presented below check the appropriate box.

A. Housing

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here ☐ if there are no applicable permanent housing renewal projects.

Check here ☒ to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a)? **213**
- b. What is the number of participants who did **not leave** the project(s) during the operating year? **798**
- c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a)? **62**
- d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? **580**
- e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) Example: (11 + 10) divided by (20 + 20) x 100 = 52.5%
63.5%
- f. Round all percentages to the first decimal place.

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here ☐ if there are no applicable transitional housing renewal projects.

Check here ☒ to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) **709.**
- b. What is the number of participants who left transitional housing project(s) and moved to **permanent housing?** **213.**
- c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) **30.0%.**

Form HUD 40076 CoC-M page 1

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here ☐ if there are no applicable renewal projects.

Check here ☒ to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
4,940	a. SSI	810	16.3%
4,940	b. SSDI	135	2.7%
4,940	c. Social Security	188	3.8%
4,940	d. General Public Assistance	230	4.6%
4,940	e. TANF	262	5.3%
4,940	f. SCHIP	13	0.26%
4,940	g. Veterans Benefits	36	0.73%
4,940	h. Employment Income	621	12.5%
4,940	i. Unemployment Benefits	9	0.18%

4,940	j. Veterans Health Care	20	0 .40%
4,940	k. Medicaid	260	5.2%
4,940	l. Food Stamps	557	11.2%
	m. Other (please specify)		
4,940	- Child Support	7	0.14%
4,940	- TEMHA	23	0.46%
4,940	- Medicare	4	0 .08%
4,940	- Workers Compensation	1	0 .02%
4,940	- Pharmacy Assistance	5	0 .10%
4,940	n. No Financial Resources	2,435	49.3%

Column 1: Number of Adults Who Left. For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (*Number who left the program during the operating year*). For **each** APR, add the *Number of Singles Not in Families* and the *Number of Adults in Families*. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

Column 2: Income Source. Income sources from the APR Question 11.

Column 3: Number of Exiting Adults with Source of Income. Using the information in each project's APR Question 11D (*Income Sources at Exit*), add the total number of adults who, upon exiting the project, had each source of income.

Column 4: % with Income at Exit. Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).